

**FEC  
FORM 3X****REPORT OF RECEIPTS  
AND DISBURSEMENTS**  
For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines.

12FE4M5

American Hospital Association PAC

ADDRESS (number and street) ▼

325 Seventh Street, NW

Suite 700

☐ Check if different than previously reported. (ACC)

Washington

DC

20004

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

C C00106146

3. IS THIS  
REPORT☐NEW  
(N)

OR

☒AMENDED  
(A)

## 4. TYPE OF REPORT

(Choose One)

(a) Quarterly Reports:

☐ April 15  
Quarterly Report (Q1)☐ July 15  
Quarterly Report (Q2)☐ October 15  
Quarterly Report (Q3)☐ January 31  
Year-End Report (YE)☐ July 31 Mid-Year  
Report (Non-election  
Year Only) (MY)☐ Termination Report  
(TER)(b) Monthly  
Report  
Due On:☐ Feb 20 (M2)☐ May 20 (M5)☐ Aug 20 (M8)☒ Nov 20 (M11)  
(Non-Election  
Year Only)☐ Mar 20 (M3)☐ Jun 20 (M6)☐ Sep 20 (M9)☐ Dec 20 (M12)  
(Non-Election  
Year Only)☐ Apr 20 (M4)☐ Jul 20 (M7)☐ Oct 20 (M10)☐ Jan 31 (YE)

(c) 12-Day

PRE-Election

Report for the:

☐ Primary (12P)☐ Convention (12C)☐ General (12G)☐ Special (12S)☐ Runoff (12R)

Election on

M M M / D D D / Y Y Y Y Y Y

in the  
State of

(d) 30-Day

POST-Election

Report for the:

☐ General (30G)☐ Runoff (30R)☐ Special (30S)

Election on

M M M / D D D / Y Y Y Y Y Y

in the  
State of

5. Covering Period

M M M / D D D / Y Y Y Y Y Y  
10 01 2011

through

M M M / D D D / Y Y Y Y Y Y  
10 31 2011

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Ms. Melinda Hatton

Signature of Treasurer

Ms. Melinda Hatton

[Electronically Filed]

Date

M M M / D D D / Y Y Y Y Y Y  
01 23 2012

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

Office  
Use  
Only**FEC FORM 3X**  
Rev. 12/2004

# SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

American Hospital Association PAC

Report Covering the Period:

From:

M M	/	D D	/	Y Y Y Y Y
10		01		2011

To:

M M	/	D D	/	Y Y Y Y Y
10		31		2011

	COLUMN A This Period	COLUMN B Calendar Year-to-Date															
6. (a) Cash on Hand January 1, <table><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td colspan="5">2011</td></tr></table>	Y	Y	Y	Y	Y	2011						<table><tr><td colspan="5">1836473.19</td></tr></table>	1836473.19				
Y	Y	Y	Y	Y													
2011																	
1836473.19																	
(b) Cash on Hand at Beginning of Reporting Period.....	<table><tr><td colspan="5">2685481.02</td></tr></table>	2685481.02															
2685481.02																	
(c) Total Receipts (from Line 19) .....	<table><tr><td colspan="5">178768.91</td></tr></table>	178768.91					<table><tr><td colspan="5">1650012.03</td></tr></table>	1650012.03									
178768.91																	
1650012.03																	
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<table><tr><td colspan="5">2864249.93</td></tr></table>	2864249.93					<table><tr><td colspan="5">3486485.22</td></tr></table>	3486485.22									
2864249.93																	
3486485.22																	
7. Total Disbursements (from Line 31).....	<table><tr><td colspan="5">56699.73</td></tr></table>	56699.73					<table><tr><td colspan="5">678935.02</td></tr></table>	678935.02									
56699.73																	
678935.02																	
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	<table><tr><td colspan="5">2807550.20</td></tr></table>	2807550.20					<table><tr><td colspan="5">2807550.20</td></tr></table>	2807550.20									
2807550.20																	
2807550.20																	
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<table><tr><td colspan="5">0.00</td></tr></table>	0.00															
0.00																	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<table><tr><td colspan="5">0.00</td></tr></table>	0.00															
0.00																	



This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

## For further information contact:

Federal Election Commission  
999 E Street, NW  
Washington, DC 20463

Toll Free 800-424-9530  
Local 202-694-1100

# **DETAILED SUMMARY PAGE** of Receipts

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

American Hospital Association PAC

Report Covering the Period:

From:

M	M	/	D	D	/	Y	Y	Y	Y
1	0		0	1		2	0	1	1

To:

M	M	/	D	D	/	Y	Y	Y	Y
1	0		3	1		2	0	1	1

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	116833.09	720385.31
(ii) Unitemized .....	56311.25	299085.04
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	173144.34	1019470.35
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	10000.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5) .....	173144.34	1029470.35
12. Transfers From Affiliated/Other Party Committees.....	5390.00	611835.00
13. All Loans Received .....	0.00	0.00
14. Loan Repayments Received.....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....	0.00	1334.52
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	5500.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	234.57	1872.16
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3) .....	0.00	0.00
(b) Levin Funds (from Schedule H5) .....	0.00	0.00
(c) Total Transfers (add 18(a) and 18(b))..	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)) .....	178768.91	1650012.03
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	178768.91	1650012.03

# **DETAILED SUMMARY PAGE** of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share .....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures .....	199.73	3735.02
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	199.73	3735.02
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	56500.00	674950.00
24. Independent Expenditures (use Schedule E) .....	0.00	0.00
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....	0.00	250.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	250.00
29. Other Disbursements .....	0.00	0.00
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share .....	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds .....	0.00	0.00
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	56699.73	678935.02
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	56699.73	678935.02

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3) .....	173144.34	1029470.35
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	250.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	173144.34	1029220.35
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) ..... ►	199.73	3735.02
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	1334.52
38. Net Operating Expenditures (subtract Line 37 from Line 36) ..... ►	199.73	2400.50

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**American Hospital Association PAC**

Full Name (Last, First, Middle Initial)

**A. Mr. Anthony Burchard**

Mailing Address 6115 Beech Tree Drive

City

Alexandria

State

VA

Zip Code

22310-2240

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Inova Health System

Occupation

President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

10 / 06 / 2011

**Transaction ID : 19452947**

Amount of Each Receipt this Period

350.00

Full Name (Last, First, Middle Initial)

**B. Mr Michael King**

Mailing Address 4271 Brown Roan Ln

City

Harrisonburg

State

VA

Zip Code

22801-8310

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Rockingham Memorial Hospital

Occupation

Senior Vice President Finance and Chie

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

10 / 06 / 2011

**Transaction ID : 19452962**

Amount of Each Receipt this Period

350.00

Full Name (Last, First, Middle Initial)

**C. Mr. Ronald Ewald**

Mailing Address 3300 Gallows Road

City

Falls Church

State

VA

Zip Code

22042-3300

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Inova Fairfax Hospital

Occupation

Chief Financial Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

10 / 06 / 2011

**Transaction ID : 19452983**

Amount of Each Receipt this Period

350.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

1050.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**

 Use separate schedule(s)  
 for each category of the  
 Detailed Summary Page

FOR LINE NUMBER: PAGE 7 OF 178

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

**A. Ms. Paula Minnehan**

Mailing Address 283 Gallopiny Hill Road

City

Hopkinton

State

NH

Zip Code

03229-3402

FEC ID number of contributing  
federal political committee.

C

Name of Employer

New Hampshire Hospital Association

Occupation

V.P., Finance and Rural Hospitals

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

321.00

Date of Receipt

 M M / D D / Y Y Y Y Y Y  
 10 / 11 / 2011

Transaction ID : 19452994

Amount of Each Receipt this Period

14.50

Full Name (Last, First, Middle Initial)

**B. Mr. Stephen M. Ahnen**

Mailing Address 125 Airport Road

City

Concord

State

NH

Zip Code

03301-7300

FEC ID number of contributing  
federal political committee.

C

Name of Employer

New Hampshire Hospital Association

Occupation

President and CEO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

916.72

Date of Receipt

 M M / D D / Y Y Y Y Y Y  
 10 / 11 / 2011

Transaction ID : 19452995

Amount of Each Receipt this Period

41.64

Full Name (Last, First, Middle Initial)

**C. Ms. Ronda Matthews**

Mailing Address 117 Alexander Walker

City

Williamsburg

State

VA

Zip Code

23185-8919

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Riverside Health System

Occupation

Senior Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

 M M / D D / Y Y Y Y Y Y  
 10 / 06 / 2011

Transaction ID : 19453005

Amount of Each Receipt this Period

350.00

SUBTOTAL of Receipts This Page (optional)..... ►

406.14

TOTAL This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER:  
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NAME OF COMMITTEE (In Full)

**American Hospital Association PAC**

Full Name (Last, First, Middle Initial)

**A. Ms. S Richelle Menke-Fleischer**

Mailing Address 111 Hanover Ave

City State Zip Code  
 Norfolk VA 23508

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Riverside Health System

Occupation

Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 10 06 2011

**Transaction ID : 19453006**

Amount of Each Receipt this Period

350.00

Full Name (Last, First, Middle Initial)

**B. Mr. Bert Reese**

Mailing Address 1513 Quail Point Road

City State Zip Code  
 Virginia Beach VA 23454-3115

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Sentara Healthcare

Occupation

VP & Chief Information Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 10 06 2011

**Transaction ID : 19453008**

Amount of Each Receipt this Period

350.00

Full Name (Last, First, Middle Initial)

**C. Ms. Angela Mannino**

Mailing Address 11990 Market Street  
 Unit 1317

City State Zip Code  
 Reston VA 20190-6011

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Inova Health System

Occupation

Senior Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 10 06 2011

**Transaction ID : 19453017**

Amount of Each Receipt this Period

350.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

1050.00



**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 9 OF 178  
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

**American Hospital Association PAC**

Full Name (Last, First, Middle Initial)

**A. Mr. Steven H Lipstein**

Mailing Address 10 Carrswold Drive

City

Clayton

State

MO

Zip Code

63105-2914

FEC ID number of contributing  
federal political committee.

C

Name of Employer

BJC HealthCare

Occupation

President and Chief Executive Officer

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		07		2011

**Transaction ID : 19453076**

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

**B. Mr. James H Ross**

Mailing Address 2900 West Picket Post Street

City

Columbia

State

MO

Zip Code

65203-9581

FEC ID number of contributing  
federal political committee.

C

Name of Employer

University of Missouri Health Care

Occupation

Chief Executive Officer

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		07		2011

**Transaction ID : 19453079**

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**C. Ms. Myra L. Evans**

Mailing Address 16603 R Avenue

City

Tarkio

State

MO

Zip Code

64491-9280

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Community Hospital-Fairfax

Occupation

Chief Executive Officer

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		07		2011

**Transaction ID : 19453080**

Amount of Each Receipt this Period

200.00

**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

1450.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**American Hospital Association PAC**

Full Name (Last, First, Middle Initial)

**A. Mr. James Bickel**

Mailing Address 4370 Washington Street

City

Columbus

State

IN

Zip Code

47203-1139

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Columbus Regional Hospital

Occupation

Chief Executive Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

10 / 06 / 2011

**Transaction ID : 19453659**

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**B. Ms. JoAnn Birdzell**

Mailing Address 12431 Van Buren Street

City

Crown Point

State

IN

Zip Code

46307-9210

FEC ID number of contributing  
federal political committee.

C

Name of Employer

St. Catherine Hospital

Occupation

President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

10 / 06 / 2011

**Transaction ID : 19453660**

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**C. Mr. Michael P Browning**

Mailing Address 12110 Hawkins Way

City

Fort Wayne

State

IN

Zip Code

46814-9157

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Parkview Health

Occupation

Chief Financial Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

10 / 06 / 2011

**Transaction ID : 19453665**

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

750.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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FOR LINE NUMBER:  
(check only one)

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NAME OF COMMITTEE (In Full)

**American Hospital Association PAC**

Full Name (Last, First, Middle Initial)

**A. Mr. Dennis W Dawes**

Mailing Address 36 Brandywine Court

City

Brownsburg

State

IN

Zip Code

46112-1076

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Hendricks Regional Health

Occupation

President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

10 / 06 / 2011

**Transaction ID : 19453670**

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**B. Mr. Martin Padgett**

Mailing Address 1606 Fox Run Trail

City

Jeffersonville

State

IN

Zip Code

47130-8204

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Clark Memorial Hospital

Occupation

President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

10 / 06 / 2011

**Transaction ID : 19453702**

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**C. Mr. Kirk M Ray**

Mailing Address 11709 Woodstream Ridge Court

City

Fort Wayne

State

IN

Zip Code

46845-1909

FEC ID number of contributing  
federal political committee.

C

Name of Employer

DeKalb Memorial Hospital

Occupation

Chief Executive Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

10 / 06 / 2011

**Transaction ID : 19453704**

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

1250.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**American Hospital Association PAC**

Full Name (Last, First, Middle Initial)

**A. Ms. Sandy Merrill**

Mailing Address 2776 E. Irish Place

City

Centennial

State

CO

Zip Code

80122-3321

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Colorado Hospital Association

Occupation

Director of Education & Member Service

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

10 / 11 / 2011

**Transaction ID : 19453733**

Amount of Each Receipt this Period

150.00

Full Name (Last, First, Middle Initial)

**B. Dr. Jodi Chambers MD**

Mailing Address 4231 West 16th Avenue

City

Denver

State

CO

Zip Code

80204-1335

FEC ID number of contributing  
federal political committee.

C

Name of Employer

St. Anthony Central Hospital

Occupation

Chief Medical Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

10 / 11 / 2011

**Transaction ID : 19453801**

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**C. Mr. Woody Hathaway**

Mailing Address 410 Benedicta Avenue

City

Trinidad

State

CO

Zip Code

81082-2005

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Mt. San Rafael Hospital

Occupation

Chief Financial Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

10 / 11 / 2011

**Transaction ID : 19453807**

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

650.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**American Hospital Association PAC**

Full Name (Last, First, Middle Initial)

## **A. Ms. Susan Rudy**

Mailing Address 7335 East Orchard Road  
Suite 100

City State Zip Code  
Englewood CO 80111-2582

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Colorado Hospital Association

Occupation

Coordinator of Advocacy Services

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

295.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 11 / 2011

**Transaction ID : 19453815**

Amount of Each Receipt this Period

45.00

Full Name (Last, First, Middle Initial)

## **B. Mr. Daniel Moen**

Mailing Address 20 Sandalwood Drive

City State Zip Code  
Wilbraham MA 01095

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Mercy Medical Center

Occupation

President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

262.50

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 17 / 2011

**Transaction ID : 19463013**

Amount of Each Receipt this Period

262.50

Full Name (Last, First, Middle Initial)

## **C. Mr. John Szum**

Mailing Address 3 Windsor Road

City State Zip Code  
East Walpole MA 02032-1359

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Care Group, Inc.

Occupation

Executive Vice President & CFO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

375.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 17 / 2011

**Transaction ID : 19463015**

Amount of Each Receipt this Period

375.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

682.50

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**American Hospital Association PAC**

Full Name (Last, First, Middle Initial)

**A. Mrs. Dianne J. Anderson MS, RN**

Mailing Address 330 Brookline Avenue  
Mail Stop ST221

City State Zip Code  
Boston MA 02215-5400

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Lawrence General Hospital

Occupation  
Chief Executive Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 17 2011

**Transaction ID : 19463016**

Amount of Each Receipt this Period

750.00

Full Name (Last, First, Middle Initial)

**B. Mr. Douglas Brown**

Mailing Address 1 Biotech Park

City State Zip Code  
Worcester MA 01605-2982

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
UMass Memorial Health Care, Inc.

Occupation  
Senior Vice President and General Coun

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

262.50

Date of Receipt

M M / D D / Y Y Y Y Y  
10 17 2011

**Transaction ID : 19463017**

Amount of Each Receipt this Period

262.50

Full Name (Last, First, Middle Initial)

**C. Mr. Paul Allison**

Mailing Address 1493 Cambridge Street

City State Zip Code  
Cambridge MA 02139-1047

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Cambridge Health Alliance

Occupation  
General Counsel

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

560.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 18 2011

**Transaction ID : 19463033**

Amount of Each Receipt this Period

560.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

1572.50

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**American Hospital Association PAC**

Full Name (Last, First, Middle Initial)

**A. Mr. Christopher Baldwin**

Mailing Address 363 Highland Avenue

City

Fall River

State

MA

Zip Code

02720-3703

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Southcoast Hospitals Group

Occupation

Vice President Information Systems

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

10 / 18 / 2011

**Transaction ID : 19463034**

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**B. Ms. Linda Bodenmann**

Mailing Address 363 Highland Avenue

City

Fall River

State

MA

Zip Code

02720-3703

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Southcoast Hospitals Group

Occupation

Chief Operating Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

10 / 18 / 2011

**Transaction ID : 19463035**

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**C. Ms Kathryn Burke**

Mailing Address 1561 Quaker Street

City

Northbridge

State

MA

Zip Code

01534-1328

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Mount Auburn Hospital

Occupation

V.P. Contracting & Bus. Development

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

10 / 18 / 2011

**Transaction ID : 19463036**

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

750.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**American Hospital Association PAC**

Full Name (Last, First, Middle Initial)

**A. Ms. Sharon A. Gale MSN, RN**

Mailing Address 101 Cambridge Street  
110

City State Zip Code  
Burlington MA 01803-3766

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Organization of Nurse Leaders of Massa

Occupation

CEO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

302.50

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 18 / 2011

**Transaction ID : 19463038**

Amount of Each Receipt this Period

40.00

Full Name (Last, First, Middle Initial)

**B. Ms. Christine M. Gallery**

Mailing Address 14 Greensbriar Road

City State Zip Code  
Canton MA 02021-1132

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Emerson Hospital

Occupation

Vice President, Planning & Marketing

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 18 / 2011

**Transaction ID : 19463069**

Amount of Each Receipt this Period

62.50

Full Name (Last, First, Middle Initial)

**C. Mr. Timothy F. Gens**

Mailing Address 5 New England Executive Park

City State Zip Code  
Burlington MA 01803-5010

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Massachusetts Hospital Association

Occupation

Executive Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1050.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 18 / 2011

**Transaction ID : 19463070**

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

352.50



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

**A. Mr. Edward Kelly**

Mailing Address 14 Prospect Street

City  
MilfordState  
MAZip Code  
01757-3090FEC ID number of contributing  
federal political committee.

C

Name of Employer

Milford Regional Medical Center

Occupation

President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		18		2011

Transaction ID : 19463071

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**B. Mr. Paul B. Iannini MD**

Mailing Address 71 Elm St.

City

South Dartmouth

State

MA

Zip Code

02748-3801

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Southcoast Hospitals Group

Occupation

Physician-in-Chief

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		18		2011

Transaction ID : 19463072

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**C. Mr. John A. Lodico**

Mailing Address 12 Davis Street

City

Belmont

State

MA

Zip Code

02478-5030

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Massachusetts Hospital Association

Occupation

Communications Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

280.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		18		2011

Transaction ID : 19463073

Amount of Each Receipt this Period

280.00

SUBTOTAL of Receipts This Page (optional)..... ►

780.00

TOTAL This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**American Hospital Association PAC**

Full Name (Last, First, Middle Initial)

**A. Mr. Edward H Moore**

Mailing Address 100 South Street

City

Southbridge

State

MA

Zip Code

01550-4051

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Harrington Memorial Hospital

Occupation

President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

575.00

Date of Receipt

10 / 18 / 2011

**Transaction ID : 19463074**

Amount of Each Receipt this Period

200.00

Full Name (Last, First, Middle Initial)

**B. Mr. Timothy F. Gens**

Mailing Address 5 New England Executive Park

City

Burlington

State

MA

Zip Code

01803-5010

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Massachusetts Hospital Association

Occupation

Executive Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1095.00

Date of Receipt

10 / 18 / 2011

**Transaction ID : 19463089**

Amount of Each Receipt this Period

45.00

Full Name (Last, First, Middle Initial)

**C. Mr. Peter J Holden**

Mailing Address 275 Sandwich Street

City

Plymouth

State

MA

Zip Code

02360-2183

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Jordan Hospital

Occupation

President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1335.00

Date of Receipt

10 / 18 / 2011

**Transaction ID : 19463091**

Amount of Each Receipt this Period

210.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

455.00

**SCHEDULE A (FEC Form 3X)**  
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<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

**American Hospital Association PAC**

Full Name (Last, First, Middle Initial)

**A. Ms. Judy Holden**

Mailing Address 43 S Station St.

City

Duxbury

State

MA

Zip Code

02332-4533

FEC ID number of contributing  
federal political committee.

C

Name of Employer

MedAssets

Occupation

Regional V.P.

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		24		2011

**Transaction ID : 19463095**

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

**B. Mr. William Linesch**

Mailing Address 4508 Royal Ridge Way

City

Kettering

State

OH

Zip Code

45429-1300

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Miami Valley Hospital

Occupation

VP Human Resources

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		07		2011

**Transaction ID : 19465539**

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**C. Mr. Richard J Frenchie**

Mailing Address 13207 Ravenna Road

City

Chardon

State

OH

Zip Code

44024-7032

FEC ID number of contributing  
federal political committee.

C

Name of Employer

University Hospitals Geauga Regional H

Occupation

President and Chief Executive Officer

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		07		2011

**Transaction ID : 19465542**

Amount of Each Receipt this Period

500.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

1750.00

**TOTAL** This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**American Hospital Association PAC**

Full Name (Last, First, Middle Initial)

**A. Mr. Steve Holman**

Mailing Address 4777 East Galbraith Road

City State Zip Code  
Cincinnati OH 45236-2725

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Jewish Hospital, The

Occupation  
President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 / 07 / 2011

**Transaction ID : 19465587**

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**B. Mr. Paul A Hanson**

Mailing Address 1300 Anne Street NW

City State Zip Code  
Bemidji MN 56601-5103

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Sanford Bemidji Medical Center

Occupation  
Chief Executive Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

692.50

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 / 04 / 2011

**Transaction ID : 19465820**

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**C. Ms. Andrea Kmetz-Sheehy**

Mailing Address 5805 Mait Lane

City State Zip Code  
Edina MN 55436-1333

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Children's Hospitals and Clinics of Mi

Occupation  
Trustee

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 / 04 / 2011

**Transaction ID : 19465822**

Amount of Each Receipt this Period

500.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

1250.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

**A. Mr. Craig Boyer**

Mailing Address 1300 Anne Street NW

City State Zip Code  
 Bemidji MN 56601-5117

FEC ID number of contributing federal political committee.

C

Name of Employer  
 Sanford Bemidji Medical Center

Occupation  
 Vice President Finance

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
 10 04 2011

Transaction ID : 19465827

Amount of Each Receipt this Period

175.00

Full Name (Last, First, Middle Initial)

**B. Mr. Chad R. Austin**

Mailing Address 6518 SW 26th Court

City State Zip Code  
 Topeka KS 66614-4305

FEC ID number of contributing federal political committee.

C

Name of Employer  
 Kansas Hospital Association

Occupation  
 Vice President, Government Relations

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

282.69

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
 10 04 2011

Transaction ID : 19465834

Amount of Each Receipt this Period

67.31

Full Name (Last, First, Middle Initial)

**C. Ms. Linda Goodwin**

Mailing Address 314 S Limuel CT

City State Zip Code  
 Wichita KS 67235-2003

FEC ID number of contributing federal political committee.

C

Name of Employer  
 Via Christi Health

Occupation  
 Chief Nursing Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
 10 04 2011

Transaction ID : 19465853

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)..... ►

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492.31

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**American Hospital Association PAC**

Full Name (Last, First, Middle Initial)

**A. Mr. John M Harris**

Mailing Address 1551 N. Waterfront Parkway, Suite

City State Zip Code  
Wichita KS 67206-4467

FEC ID number of contributing  
federal political committee.

C

Name of Employer

BKD, LLP

Occupation

Partner

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 / 04 / 2011

**Transaction ID : 19465855**

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**B. Mr. Fred J. Lucky**

Mailing Address 14607 W 89

City State Zip Code  
Lenexa KS 66215-2967

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Kansas Hospital Association

Occupation

Senior Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.37

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 / 04 / 2011

**Transaction ID : 19465862**

Amount of Each Receipt this Period

134.61

Full Name (Last, First, Middle Initial)

**c. Ms. Lynnette Rauvola-Bouta**

Mailing Address 3720 East Bayley

City State Zip Code  
Wichita KS 67218-3002

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Via Christi Health

Occupation

Senior Vice President Mission Integrat

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 / 04 / 2011

**Transaction ID : 19465875**

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

634.61

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**American Hospital Association PAC**

Full Name (Last, First, Middle Initial)

**A. Dr. Charles O'Brien**

Mailing Address 3033 W Donahue Drive

City

Sioux Falls

State

SD

Zip Code

57105-0168

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Sanford University of South Dakota Med

Occupation

President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

10 / 03 / 2011

**Transaction ID : 19465888**

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**B. Mr. James T Berry**

Mailing Address P O Box 511

City

Purcell

State

OK

Zip Code

73080-0511

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Purcell Municipal Hospital

Occupation

Chief Executive Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

10 / 11 / 2011

**Transaction ID : 19466322**

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**C. Mr. Joe Duerr**

Mailing Address 501 North 14th Street

City

Perry

State

OK

Zip Code

73077-5021

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Perry Memorial Hospital

Occupation

Chief Executive Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

10 / 11 / 2011

**Transaction ID : 19466330**

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

750.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**American Hospital Association PAC**

Full Name (Last, First, Middle Initial)

**A. Ms. Cindy Duncan**

Mailing Address 1115 East Jasmine

City

Frederick

State

OK

Zip Code

73542-4020

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Memorial Hospital and Physician Group

Occupation

Chief Operating Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

10 / 11 / 2011

**Transaction ID : 19466331**

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**B. Ms. Debbie Howe**

Mailing Address 3701 East Main Street

City

Weatherford

State

OK

Zip Code

73096-3309

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Weatherford Regional Hospital

Occupation

Chief Executive Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

10 / 11 / 2011

**Transaction ID : 19466346**

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**C. Mr. Corey Lively**

Mailing Address 429 West Elm Street

City

Hobart

State

OK

Zip Code

73651-1615

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Elkview General Hospital

Occupation

Chief Executive Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

10 / 11 / 2011

**Transaction ID : 19466349**

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

1000.00



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**American Hospital Association PAC**

Full Name (Last, First, Middle Initial)

**A. Mr. Denver Talley**

Mailing Address 2220 West Iowa Avenue

City

Chickasha

State

OK

Zip Code

73018-2738

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Grady Memorial Hospital

Occupation

Chairman

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

10 / 11 / 2011

**Transaction ID : 19466358**

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**B. Mr. Jeffrey S Tarrant**

Mailing Address 401 South Third Street

City

Enid

State

OK

Zip Code

73701-5737

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Integrus Bass Baptist Health Center

Occupation

President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

10 / 11 / 2011

**Transaction ID : 19466359**

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**C. Mr. Brian K Woodliff**

Mailing Address P O Box 1008

City

Tahlequah

State

OK

Zip Code

74465-1008

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Tahlequah City Hospital

Occupation

President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

10 / 11 / 2011

**Transaction ID : 19466365**

Amount of Each Receipt this Period

500.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

1000.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

**A. Dr. Lanny R Copeland**

Mailing Address 103 Powell Court, Suite 200

City

Brentwood

State

TN

Zip Code

37027-5079

FEC ID number of contributing  
federal political committee.

C

Name of Employer

LifePoint Hospitals, Inc.

Occupation

Chief Medical Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 20 / 2011

Transaction ID : 19466366

Amount of Each Receipt this Period

350.00

Full Name (Last, First, Middle Initial)

**B. Mr. Shawn Smothers**

Mailing Address 4920 61st Ave SE

City

Minot

State

ND

Zip Code

58701-2325

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Kenmare Community Hospital

Occupation

Administrator

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 18 / 2011

Transaction ID : 19466368

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

**C. Mr. Paul R Bengtson**

Mailing Address PO Box 905

City

Saint Johnsbury

State

VT

Zip Code

05819-0905

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Northeastern Vermont Regional Hospital

Occupation

Chief Executive Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 12 / 2011

Transaction ID : 19466378

Amount of Each Receipt this Period

350.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1700.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

**American Hospital Association PAC**

Full Name (Last, First, Middle Initial)

**A. Mr. Thomas A Dee**

Mailing Address 100 Hospital Drive

City

Bennington

State

VT

Zip Code

05201-5004

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Southwestern Vermont Medical Center

Occupation

Chief Executive Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	12	/	2011

**Transaction ID : 19466379**

Amount of Each Receipt this Period

350.00

Full Name (Last, First, Middle Initial)

**B. Mr. Kevin Donovan FACHE**

Mailing Address 512 Brookside Dr

City

New London

State

NH

Zip Code

03257-5858

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Mt. Ascutney Hospital and Health Centre

Occupation

CEO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	20	/	2011

**Transaction ID : 19466380**

Amount of Each Receipt this Period

350.00

Full Name (Last, First, Middle Initial)

**C. Ms. Paula Minnehan**

Mailing Address 283 Gallopiny Hill Road

City

Hopkinton

State

NH

Zip Code

03229-3402

FEC ID number of contributing  
federal political committee.

C

Name of Employer

New Hampshire Hospital Association

Occupation

V.P., Finance and Rural Hospitals

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

335.50

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	24	/	2011

**Transaction ID : 19466381**

Amount of Each Receipt this Period

14.50

**SUBTOTAL** of Receipts This Page (optional)..... ►

714.50

**TOTAL** This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**American Hospital Association PAC**

Full Name (Last, First, Middle Initial)

**A. Mr. Stephen M. Ahnen**

Mailing Address 125 Airport Road

City

Concord

State

NH

Zip Code

03301-7300

FEC ID number of contributing  
federal political committee.

C

Name of Employer

New Hampshire Hospital Association

Occupation

President and CEO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

958.36

Date of Receipt

10 / 24 / 2011

Transaction ID : 19466382

Amount of Each Receipt this Period

41.64

Full Name (Last, First, Middle Initial)

**B. Ms. Nancy Harris**

Mailing Address P O Box 250

City

Marshall

State

MO

Zip Code

65340-0250

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Fitzgibbon Hospital

Occupation

Chief Financial Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

10 / 20 / 2011

Transaction ID : 19466736

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**c. Mr. Ronald A. Ott**

Mailing Address 1051 South Hawthorne Avenue

City

Marshall

State

MO

Zip Code

65340-3614

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Fitzgibbon Hospital

Occupation

Chief Executive Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

10 / 20 / 2011

Transaction ID : 19466737

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

541.64

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NAME OF COMMITTEE (In Full)

**American Hospital Association PAC**

Full Name (Last, First, Middle Initial)

**A. Mr. James L. Muehlhauser**

Mailing Address 301 West Lakeview Drive

City

De Soto

State

MO

Zip Code

63020-3811

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Jefferson Regional Medical Center

Occupation

President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 / 20 / 2011

**Transaction ID : 19466743**

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**B. Ms. Barbara M. Bozzuto**

Mailing Address 6025 Hollins Ave

City

Baltimore

State

MD

Zip Code

21210-1006

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Saint Agnes Hospital

Occupation

Trustee/Board Member

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

510.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 / 21 / 2011

**Transaction ID : 19466754**

Amount of Each Receipt this Period

510.00

Full Name (Last, First, Middle Initial)

**C. Ms. Denise Matricciani**

Mailing Address 4423 Necker Avenue

City

Nottingham

State

MD

Zip Code

21236-2968

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Maryland Hospital Association

Occupation

Vice President, Government Relations

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

255.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 / 21 / 2011

**Transaction ID : 19466758**

Amount of Each Receipt this Period

255.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

1015.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**American Hospital Association PAC**

Full Name (Last, First, Middle Initial)

**A. Mr. Mark S Rulle**

Mailing Address 1148 Hamilton Blvd.

City

Hagerstown

State

MD

Zip Code

21742-3339

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Maryland Hospital Association

Occupation

President, MHEI

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

255.00

Date of Receipt

10 / 21 / 2011

**Transaction ID : 19466759**

Amount of Each Receipt this Period

255.00

Full Name (Last, First, Middle Initial)

**B. Mr. Steven A Rose**

Mailing Address 801 Middleford Road

City

Seaford

State

DE

Zip Code

19973-3636

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Nanticoke Memorial Hospital

Occupation

President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

425.00

Date of Receipt

10 / 17 / 2011

**Transaction ID : 19466766**

Amount of Each Receipt this Period

425.00

Full Name (Last, First, Middle Initial)

**C. Mr. John Christopher Lang**

Mailing Address 1517 Deer Path

City

Raymore

State

MO

Zip Code

64083-8180

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Cass Regional Medical Center

Occupation

Chief Executive Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

10 / 14 / 2011

**Transaction ID : 19467416**

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

930.00

**TOTAL** This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

**A. Mr. Norman F Stephens**

Mailing Address 651 Memorial Drive

City

Pocatello

State

ID

Zip Code

83201-4071

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Portneuf Medical Center

Occupation

President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 17 / 2011

Transaction ID : 19467430

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**B. Mr. Mark M Gordon**

Mailing Address 13700 St Francis Boulevard

City

Midlothian

State

VA

Zip Code

23114-3222

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Bon Secours St. Francis Medical Center

Occupation

Executive Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 13 / 2011

Transaction ID : 19467440

Amount of Each Receipt this Period

200.00

Full Name (Last, First, Middle Initial)

**C. Mr. Alfred Khoury**

Mailing Address 6530 Sothoron Rd

City

McLean

State

VA

Zip Code

22101-3022

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Inova Health System

Occupation

Trustee

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 13 / 2011

Transaction ID : 19467441

Amount of Each Receipt this Period

350.00

SUBTOTAL of Receipts This Page (optional)..... ►

1050.00

TOTAL This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**American Hospital Association PAC**

Full Name (Last, First, Middle Initial)

**A. Ms. Cheryl Ricciardi**

Mailing Address 15218 Philip Lee Road

City

Chantilly

State

VA

Zip Code

20151-1309

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Inova Fair Oaks Hospital

Occupation

Director, Case Management

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

350.00

Date of Receipt

10 / 13 / 2011

**Transaction ID : 19467442**

Amount of Each Receipt this Period

350.00

Full Name (Last, First, Middle Initial)

**B. Ms. Amy Sampson**

Mailing Address 601 Children's Lane

City

Norfolk

State

VA

Zip Code

23507-1910

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Children's Hospital of The King's Daug

Occupation

Vice President Public Relations, Marke

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

350.00

Date of Receipt

10 / 13 / 2011

**Transaction ID : 19467444**

Amount of Each Receipt this Period

350.00

Full Name (Last, First, Middle Initial)

**C. Mr. Edmond R. Jordan**

Mailing Address 201 Graylyn Drive

City

Anderson

State

SC

Zip Code

29621-1985

FEC ID number of contributing  
federal political committee.

C

Name of Employer

AnMed Health Medical Center

Occupation

Director of Urgent Care

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

10 / 21 / 2011

**Transaction ID : 19467492**

Amount of Each Receipt this Period

500.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

1200.00



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NAME OF COMMITTEE (In Full)

**American Hospital Association PAC**

Full Name (Last, First, Middle Initial)

**A. Mr. Jay Cox**

Mailing Address 1125 Summit Drive

City

Sumter

State

SC

Zip Code

29150-1771

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Tuomey Healthcare System

Occupation

President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

10 / 21 / 2011

**Transaction ID : 19467495**

Amount of Each Receipt this Period

550.00

Full Name (Last, First, Middle Initial)

**B. Dr. Gene Dickerson MD**

Mailing Address 111 Mason Croft

City

Sumter

State

SC

Zip Code

29150-4013

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Tuomey Healthcare System

Occupation

Vice President Medical Affairs

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

10 / 21 / 2011

**Transaction ID : 19467496**

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**c. Mr. Gregg Martin**

Mailing Address 845 Oakbrook Blvd

City

Sumter

State

SC

Zip Code

29150-1730

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Tuomey Healthcare System

Occupation

Senior Vice President and Chief Operat

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

10 / 21 / 2011

**Transaction ID : 19467498**

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

1050.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**American Hospital Association PAC**

Full Name (Last, First, Middle Initial)

## **A. Ms. Gail Finley MHA**

Mailing Address 7335 East Orchard Road  
Suite 100

City State Zip Code  
Greenwood Village CO 80111-2582

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Colorado Hospital Association

Occupation

VP Policy Analysis & Strategic Plannin

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 24 / 2011

**Transaction ID : 19467513**

Amount of Each Receipt this Period

75.00

Full Name (Last, First, Middle Initial)

## **B. Mr. David P Gehant**

Mailing Address P O Box 9019

City State Zip Code  
Boulder CO 80301-9019

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Boulder Community Hospital

Occupation

President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 24 / 2011

**Transaction ID : 19467514**

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

## **C. Dr. Lawrence R McEvoy**

Mailing Address P O Box 1326

City State Zip Code  
Colorado Springs CO 80901-1326

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Memorial Health System

Occupation

Chief Executive Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 24 / 2011

**Transaction ID : 19467518**

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

825.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**American Hospital Association PAC**

Full Name (Last, First, Middle Initial)

**A. Ms. Sandy Merrill**

Mailing Address 2776 E. Irish Place

City State Zip Code  
Centennial CO 80122-3321

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Colorado Hospital Association

Occupation  
Director of Education & Member Service

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 24 2011

**Transaction ID : 19467524**

Amount of Each Receipt this Period

25.00

Full Name (Last, First, Middle Initial)

**B. Mr. Michael Englehart**

Mailing Address 12840 Sycamore

City State Zip Code  
Palos Heights IL 60463-1939

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Advocate South Suburban Hospital

Occupation  
President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 13 2011

**Transaction ID : 19467849**

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**C. Mr. John Bomher**

Mailing Address 1151 E. Warrenville Road

City State Zip Code  
Naperville IL 60563-9339

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Illinois Hospital Association

Occupation  
Senior VP, Health Policy

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 13 2011

**Transaction ID : 19467851**

Amount of Each Receipt this Period

500.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

1025.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**American Hospital Association PAC**

Full Name (Last, First, Middle Initial)

**A. Mr. James Dan**

Mailing Address 511 Forest Mews

City

Oak Brook

State

IL

Zip Code

60523-2643

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Advocate Health Care

Occupation

President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 13 / 2011

**Transaction ID : 19467854**

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**B. Ms. Pamela Hill**

Mailing Address 1324 North Sheridan Road

City

Waukegan

State

IL

Zip Code

60085-2161

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Vista Medical Center West

Occupation

Chief Financial Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 13 / 2011

**Transaction ID : 19467863**

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**C. Mr. James M. Hohner**

Mailing Address 2159 W. Agatite

City

Chicago

State

IL

Zip Code

60625-1705

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Advocate Health Care

Occupation

Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 13 / 2011

**Transaction ID : 19467864**

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

1000.00

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NAME OF COMMITTEE (In Full)

**American Hospital Association PAC**

Full Name (Last, First, Middle Initial)

**A. Ms. Colleen Kannaday**

Mailing Address P O Box 2850

City

Bloomington

State

IL

Zip Code

61702-2850

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Advocate BroMenn Medical Center

Occupation

President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		13		2011

**Transaction ID : 19467865**

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**B. Mr. Brian J Lemon**

Mailing Address 3249 South Oak Park Avenue

City

Berwyn

State

IL

Zip Code

60402-3429

FEC ID number of contributing  
federal political committee.

C

Name of Employer

MacNeal Hospital

Occupation

Chief Executive Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		13		2011

**Transaction ID : 19467880**

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**C. Ms. Barbara J Martin**

Mailing Address 2615 Washington Street

City

Waukegan

State

IL

Zip Code

60085-4980

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Vista Medical Center West

Occupation

President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		13		2011

**Transaction ID : 19467881**

Amount of Each Receipt this Period

500.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

1500.00

**TOTAL** This Period (last page this line number only)..... ►

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NAME OF COMMITTEE (In Full)

**American Hospital Association PAC**

Full Name (Last, First, Middle Initial)

**A. Mr. Robert C Schmitt II**

Mailing Address P O Box 429

City

Gibson City

State

IL

Zip Code

60936-0429

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Gibson Area Hospital and Health Servic

Occupation

Chief Executive Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 / 13 / 2011

**Transaction ID : 19467886**

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**B. Mr. David L. Schreiner**

Mailing Address 1435 Tilton Park Drive

City

Dixon

State

IL

Zip Code

61021-1437

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Katherine Shaw Bethea Hospital

Occupation

President & CEO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 / 13 / 2011

**Transaction ID : 19467887**

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**C. Mr. J Kirk Norris**

Mailing Address 100 East Grand Avenue, Suite 100

City

Des Moines

State

IA

Zip Code

50309-1800

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Iowa Hospital Association

Occupation

President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 / 25 / 2011

**Transaction ID : 19468090**

Amount of Each Receipt this Period

1000.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

2000.00

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NAME OF COMMITTEE (In Full)

**American Hospital Association PAC**

Full Name (Last, First, Middle Initial)

**A. Mr. Frank R. Brownell III**

Mailing Address Post Office Box 76

100 North 10th Street

City

Montezuma

State

IA

Zip Code

50171-0076

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Grinnell Regional Medical Center

Occupation

Trustee

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 / 25 / 2011

**Transaction ID : 19468091**

Amount of Each Receipt this Period

750.00

Full Name (Last, First, Middle Initial)

**B. Mr. James G FitzPatrick , FACHE**

Mailing Address 1000 Fourth Street SW

City

Mason City

State

IA

Zip Code

50401-2800

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Mercy Medical Center-North Iowa

Occupation

President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 / 25 / 2011

**Transaction ID : 19468092**

Amount of Each Receipt this Period

750.00

Full Name (Last, First, Middle Initial)

**C. Mr. William B Leaver**

Mailing Address 1200 Pleasant Street

City

Des Moines

State

IA

Zip Code

50309-1406

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Iowa Health System

Occupation

President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 / 25 / 2011

**Transaction ID : 19468093**

Amount of Each Receipt this Period

600.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

2100.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**American Hospital Association PAC**

Full Name (Last, First, Middle Initial)

**A. Mr. Russell M Knight**

Mailing Address 250 Mercy Drive

City

Dubuque

State

IA

Zip Code

52001-7320

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Mercy Medical Center-Dubuque

Occupation

President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 / 25 / 2011

**Transaction ID : 19468094**

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**B. Mr. C James Platt**

Mailing Address P O Box 174

City

Fort Madison

State

IA

Zip Code

52627-0174

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Fort Madison Community Hospital

Occupation

Chief Executive Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 / 25 / 2011

**Transaction ID : 19468100**

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**c. Mr. David H Vellinga**

Mailing Address 1111 6th Avenue

City

Des Moines

State

IA

Zip Code

50314-2613

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Mercy Medical Center-Des Moines

Occupation

President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 / 25 / 2011

**Transaction ID : 19468101**

Amount of Each Receipt this Period

500.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

1500.00



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NAME OF COMMITTEE (In Full)

**American Hospital Association PAC**

Full Name (Last, First, Middle Initial)

**A. Dr. Thomas C Evans M.D.**

Mailing Address 1200 Pleasant Street

City

Des Moines

State

IA

Zip Code

50309-1453

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Iowa Health System

Occupation

Vice President and Chief Medical Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

10 / 25 / 2011

**Transaction ID : 19468102**

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**B. Mr. John E Knox FACHE**

Mailing Address 1825 Logan Avenue

City

Waterloo

State

IA

Zip Code

50703-1916

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Allen Memorial Hospital

Occupation

President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

10 / 25 / 2011

**Transaction ID : 19468103**

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**C. Ms. Shannon Strickler**

Mailing Address 1403 66th Street

City

Windsor Heights

State

IA

Zip Code

50324-1722

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Iowa Hospital Association

Occupation

Director, Government Relations

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

10 / 25 / 2011

**Transaction ID : 19468104**

Amount of Each Receipt this Period

500.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

1500.00

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NAME OF COMMITTEE (In Full)

**American Hospital Association PAC**

Full Name (Last, First, Middle Initial)

**A. Mr. Theodore E Townsend**

Mailing Address 1795 Highway 64 East

City

Anamosa

State

IA

Zip Code

52205-2112

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Jones Regional Medical Center

Occupation

President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

10 / 25 / 2011

**Transaction ID : 19468105**

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**B. Mr. Peter W Thoreen**

Mailing Address 2720 Stone Park Boulevard

City

Sioux City

State

IA

Zip Code

51104-3795

FEC ID number of contributing  
federal political committee.

C

Name of Employer

St. Luke's Regional Medical Center

Occupation

President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

10 / 25 / 2011

**Transaction ID : 19468106**

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**C. Ms. Marie E Knedler**

Mailing Address 17683 Lochland Ridge

City

Council Bluffs

State

IA

Zip Code

51503-4493

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Alegent Health-Bergan Mercy Medical Ce

Occupation

Vice President and Chief Operating Off

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

10 / 25 / 2011

**Transaction ID : 19468107**

Amount of Each Receipt this Period

500.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

1500.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
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NAME OF COMMITTEE (In Full)

**American Hospital Association PAC**

Full Name (Last, First, Middle Initial)

**A. Mr. John C Sheehan**

Mailing Address P O Box 3026

City

Cedar Rapids

State

IA

Zip Code

52406-3026

FEC ID number of contributing  
federal political committee.

C

Name of Employer

St. Luke's Hospital

Occupation

Executive Vice President and COO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

10 / 25 / 2011

**Transaction ID : 19468108**

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**B. Mr. Timothy L Charles**

Mailing Address 701 Tenth Street SE

City

Cedar Rapids

State

IA

Zip Code

52403-1251

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Mercy Medical Center

Occupation

President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

10 / 25 / 2011

**Transaction ID : 19468109**

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**C. Mr. Suku Radia**

Mailing Address 4800 Stonebridge Circle

City

West Des Moines

State

IA

Zip Code

50265-2982

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Mercy Medical Center

Occupation

Chief Financial Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

10 / 25 / 2011

**Transaction ID : 19468110**

Amount of Each Receipt this Period

500.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

1500.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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NAME OF COMMITTEE (In Full)

**American Hospital Association PAC**

Full Name (Last, First, Middle Initial)

**A. Mr. Gary S Kahn**

Mailing Address 100 N 2Nd Ave W

City

Newton

State

IA

Zip Code

50208-3246

FEC ID number of contributing  
federal political committee.

C

Name of Employer

John Stoddard Cancer Center

Occupation

Trustee

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 / 25 / 2011

**Transaction ID : 19468111**

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**B. Mr. Jody J Jenner**

Mailing Address 1801 Hickman Road

City

Des Moines

State

IA

Zip Code

50314-1548

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Broadlawns Medical Center

Occupation

President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 / 25 / 2011

**Transaction ID : 19468112**

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**C. Mr. Dennis A. White**

Mailing Address 100 East Graham Avenue  
Suite 100

City

Des Moines

State

IA

Zip Code

50309-1835

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Iowa Hospital Association

Occupation

Senior Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 / 25 / 2011

**Transaction ID : 19468113**

Amount of Each Receipt this Period

500.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

1500.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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NAME OF COMMITTEE (In Full)

**American Hospital Association PAC**

Full Name (Last, First, Middle Initial)

**A. Ms. Rebecca Anthony**

Mailing Address 100 East Grand Avenue  
Suite 100

City State Zip Code  
Des Moines IA 50309-1800

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Iowa Hospital Association

Occupation

Vice President, Education

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

10 / 25 / 2011

**Transaction ID : 19468114**

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**B. Mr. Greg E. Boattenhamer**

Mailing Address 100 East Grand Avenue  
Suite 100

City State Zip Code  
Des Moines IA 50309-1829

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Iowa Hospital Association

Occupation

Sr. Vice President, Government Relatio

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

10 / 25 / 2011

**Transaction ID : 19468123**

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**C. Mr. Perry J. Meyer**

Mailing Address 1920 SE Olson Drive

City State Zip Code  
Waukee IA 50263-8180

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Iowa Hospital Association

Occupation

Vice President, Information Center

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

10 / 25 / 2011

**Transaction ID : 19468124**

Amount of Each Receipt this Period

500.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

1500.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

**American Hospital Association PAC**

Full Name (Last, First, Middle Initial)

**A. Mr. Art J. Spies**

Mailing Address 100 E. Grand Ave. Suite 100

City

Des Moines

State

IA

Zip Code

50309-1800

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Iowa Hospital Association

Occupation

Senior Vice President, Membership Svcs

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		25		2011

**Transaction ID : 19468125**

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**B. Ms. Maureen Keehnle**Mailing Address 100 East Grand Avenue  
Suite 100

City

Des Moines

State

IA

Zip Code

50309-1817

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Iowa Hospital Association

Occupation

Vice President and General Counsel

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		25		2011

**Transaction ID : 19468126**

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**C. Mr. Steven P Baumert**

Mailing Address P O Box 2C

City

Council Bluffs

State

IA

Zip Code

51502-3002

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Jennie Edmundson Hospital

Occupation

President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		25		2011

**Transaction ID : 19468127**

Amount of Each Receipt this Period

500.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

1500.00

**TOTAL** This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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NAME OF COMMITTEE (In Full)

**American Hospital Association PAC**

Full Name (Last, First, Middle Initial)

**A. Ms. Marilyn E. Kaptain-Dahlen**

Mailing Address 801 15th Street  
Box 203

City State Zip Code  
Sioux City IA 51105-1502

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Mercy Medical Center-Sioux City

Occupation

Vice President, Regionalization

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 25 / 2011

**Transaction ID : 19468128**

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**B. Mr. Mark D Richardson**

Mailing Address 1221 South Gear Avenue

City State Zip Code  
West Burlington IA 52655-1681

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Great River Medical Center

Occupation

President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 25 / 2011

**Transaction ID : 19468129**

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**C. Mr. Francis G Tramp**

Mailing Address 1600 Diamond Street

City State Zip Code  
Onawa IA 51040-1548

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Burgess Health Center

Occupation

President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

375.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 25 / 2011

**Transaction ID : 19468130**

Amount of Each Receipt this Period

375.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

1375.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

**A. Barbara C. Peterson**

Mailing Address 701 10th St. SE

City

Cedar Rapids

State

IA

Zip Code

52403-1251

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Mercy Medical Center

Occupation

Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

375.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 10 / 25 / 2011

Transaction ID : 19468131

Amount of Each Receipt this Period

375.00

Full Name (Last, First, Middle Initial)

**B. Mr. Scott A Curtis**

Mailing Address 1515 South Phillips Street

City

Algona

State

IA

Zip Code

50511-3649

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Kossuth Regional Health Center

Occupation

Administrator and Chief Executive Offi

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

301.23

Date of Receipt

M M / D D / Y Y Y Y Y  
 10 / 25 / 2011

Transaction ID : 19468132

Amount of Each Receipt this Period

301.23

Full Name (Last, First, Middle Initial)

**C. Mr. Clinton J Christianson**

Mailing Address 1 St Joseph's Drive

City

Centerville

State

IA

Zip Code

52544-9017

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Mercy Medical Center-Centerville

Occupation

President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 10 / 25 / 2011

Transaction ID : 19468133

Amount of Each Receipt this Period

300.00

SUBTOTAL of Receipts This Page (optional)..... ►

976.23

TOTAL This Period (last page this line number only)..... ►



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**American Hospital Association PAC**

Full Name (Last, First, Middle Initial)

**A. Mr. Jay Christensen**

Mailing Address 1229 'C' Avenue East

City

Oskaloosa

State

IA

Zip Code

52577-4246

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Mahaska Health Partnership

Occupation

Administrator

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

10 / 25 / 2011

**Transaction ID : 19468134**

Amount of Each Receipt this Period

275.00

Full Name (Last, First, Middle Initial)

**B. Ms Donna J Vandehaar , R.N.**

Mailing Address 610 10th Street

City

Perry

State

IA

Zip Code

50220-2221

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Dallas County Hospital

Occupation

Chief Clinical Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

262.50

Date of Receipt

10 / 25 / 2011

**Transaction ID : 19468135**

Amount of Each Receipt this Period

262.50

Full Name (Last, First, Middle Initial)

**C. Mr. Matt Wille**

Mailing Address 610 10th Street

City

Perry

State

IA

Zip Code

50220-2221

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Dallas County Hospital

Occupation

Chief Executive Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

262.50

Date of Receipt

10 / 25 / 2011

**Transaction ID : 19468136**

Amount of Each Receipt this Period

262.50

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

800.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

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(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

**A. Ms. Joan Bierman**

Mailing Address 300 Sioux Valley Drive

City	State	Zip Code
Cherokee	IA	51012-1205

FEC ID number of contributing federal political committee.

C

Name of Employer  
Cherokee Regional Medical Center

Occupation  
Vice President Finance

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

252.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		25		2011

Transaction ID : 19468137

Amount of Each Receipt this Period

252.00

Full Name (Last, First, Middle Initial)

**B. Ms. Pamela K Delagardelle**

Mailing Address 201 East 'J' Avenue

City	State	Zip Code
Grundy Center	IA	50638-2028

FEC ID number of contributing federal political committee.

C

Name of Employer  
Grundy County Memorial Hospital

Occupation  
Chief Executive Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		25		2011

Transaction ID : 19468138

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**C. Mr. Gregory A Paris**

Mailing Address 6580 165th Street

City	State	Zip Code
Albia	IA	52531-8793

FEC ID number of contributing federal political committee.

C

Name of Employer  
Monroe County Hospital

Occupation  
Chief Executive Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		25		2011

Transaction ID : 19468139

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)..... ►

752.00

TOTAL This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

**A. Mr. Joseph S Smith**

Mailing Address 1015 Union Street

City

Boone

State

IA

Zip Code

50036-4898

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Boone County Hospital

Occupation

Chief Executive Officer

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
10 / 25 / 2011

Transaction ID : 19468140

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**B. Mr. Gary P Riedmann**

Mailing Address P O Box 628

City

Carroll

State

IA

Zip Code

51401-0628

FEC ID number of contributing  
federal political committee.

C

Name of Employer

St. Anthony Regional Hospital

Occupation

President and Chief Executive Officer

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
10 / 25 / 2011

Transaction ID : 19468141

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**C. Mr. James Tinker**

Mailing Address 701 Tenth Street SE

City

Cedar Rapids

State

IA

Zip Code

52403-1251

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Mercy Medical Center

Occupation

Retired

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
10 / 25 / 2011

Transaction ID : 19468142

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)..... ►

750.00

TOTAL This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
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(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**American Hospital Association PAC**

Full Name (Last, First, Middle Initial)

**A. Mr. John M Comstock**

Mailing Address 300 Sioux Valley Drive

City

Cherokee

State

IA

Zip Code

51012-1205

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Cherokee Regional Medical Center

Occupation

Chief Executive Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

10 / 25 / 2011

**Transaction ID : 19468143**

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**B. Mr. Steven J Simonin**

Mailing Address 1316 South Main Street

City

Clarion

State

IA

Zip Code

50525-2019

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Wright Medical Center

Occupation

Chief Executive Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

10 / 25 / 2011

**Transaction ID : 19468144**

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**C. Mr. Todd C Linden**

Mailing Address 210 Fourth Avenue

City

Grinnell

State

IA

Zip Code

50112-1886

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Grinnell Regional Medical Center

Occupation

President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

10 / 25 / 2011

**Transaction ID : 19468145**

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

750.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**American Hospital Association PAC**

Full Name (Last, First, Middle Initial)

**A. Ms. Karen L Bossard**

Mailing Address 1000 West Lincolnway

City

Jefferson

State

IA

Zip Code

50129-1645

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Greene County Medical Center

Occupation

Administrator and Chief Executive Offi

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 25 / 2011

**Transaction ID : 19468146**

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**B. Dr. Lon D Butikofer**

Mailing Address P O Box 359

City

Manchester

State

IA

Zip Code

52057-0359

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Regional Medical Center

Occupation

Chief Executive Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 25 / 2011

**Transaction ID : 19468147**

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**C. Ms. Margaret Soulen Hinson**

Mailing Address 1824 Jones Rd

City

Weiser

State

ID

Zip Code

83672-5536

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Weiser Memorial Hospital

Occupation

Chairman, Board of Trustees

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 03 / 2011

**Transaction ID : 19468148**

Amount of Each Receipt this Period

500.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

1000.00

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NAME OF COMMITTEE (In Full)

**American Hospital Association PAC**

Full Name (Last, First, Middle Initial)

**A. Mr. Jeff Hill**

Mailing Address PO Box 892

City

Salmon

State

ID

Zip Code

83467-0892

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Steele Memorial Medical Center

Occupation

Chief Executive Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

10 / 03 / 2011

**Transaction ID : 19468149**

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**B. Ms. Kathy D Moore**

Mailing Address 14980 Oma St

City

Caldwell

State

ID

Zip Code

83607-7761

FEC ID number of contributing  
federal political committee.

C

Name of Employer

West Valley Medical Center

Occupation

Chief Executive Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

10 / 03 / 2011

**Transaction ID : 19468150**

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**C. Mr. James L Angle**

Mailing Address P O Box 5596

City

Twin Falls

State

ID

Zip Code

83303-5596

FEC ID number of contributing  
federal political committee.

C

Name of Employer

St. Luke's Magic Valley Medical Center

Occupation

Chief Executive Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

10 / 03 / 2011

**Transaction ID : 19468151**

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

750.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**American Hospital Association PAC**

Full Name (Last, First, Middle Initial)

**A. Mr. Allen E Pohren**

Mailing Address P O Box 498

City

Red Oak

State

IA

Zip Code

51566-0498

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Montgomery County Memorial Hospital

Occupation

Administrator

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

10 / 25 / 2011

**Transaction ID : 19468191**

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**B. Ms. Michelle Niemann**

Mailing Address P O Box 3026

City

Cedar Rapids

State

IA

Zip Code

52406-3026

FEC ID number of contributing  
federal political committee.

C

Name of Employer

St. Luke's Hospital

Occupation

Vice President Operations

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

10 / 25 / 2011

**Transaction ID : 19468192**

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**C. Mr. Michael T Donlin**

Mailing Address 714 Lincoln Street NE

City

Le Mars

State

IA

Zip Code

51031-3314

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Floyd Valley Hospital/Avera Health

Occupation

Administrator

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

10 / 25 / 2011

**Transaction ID : 19468193**

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

750.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**American Hospital Association PAC**

Full Name (Last, First, Middle Initial)

**A. Mr. Michael D Myers**

Mailing Address 40 First Street SE

City

Waukon

State

IA

Zip Code

52172-2022

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Veterans Memorial Hospital

Occupation

Chief Executive Officer

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

10 / 25 / 2011

Transaction ID : 19468194

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**B. Ms. Kim Price**

Mailing Address 110 Woodland Dr

City

Forest City

State

IA

Zip Code

50436-2418

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Mercy Medical Center-North Iowa

Occupation

Director, Clinics

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

10 / 25 / 2011

Transaction ID : 19468195

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**C. Mr. Michael D Trachta**

Mailing Address 701 Tenth Street SE

City

Cedar Rapids

State

IA

Zip Code

52403-1251

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Mercy Medical Center

Occupation

Executive Vice President and Chief Ope

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

10 / 25 / 2011

Transaction ID : 19468201

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

750.00



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**American Hospital Association PAC**

Full Name (Last, First, Middle Initial)

**A. Mr. Joseph D LeValley**

Mailing Address 1111 6th Avenue

City

Des Moines

State

IA

Zip Code

50314-2611

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Mercy Medical Center-Des Moines

Occupation

Senior Vice President Planning and Adv

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

10 / 25 / 2011

Transaction ID : 19468202

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**B. Mr. Brian Dieter**

Mailing Address 1111 Duff Avenue

City

Ames

State

IA

Zip Code

50010-5745

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Mary Greeley Medical Center

Occupation

Chief Executive Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

10 / 25 / 2011

Transaction ID : 19468203

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**C. Ms. Carol E. Twedt**

Mailing Address 4344 Pine Ridge Trail NE

City

Iowa City

State

IA

Zip Code

52240-7830

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Mercy Iowa City

Occupation

Director, Clinical Information Service

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

10 / 25 / 2011

Transaction ID : 19468204

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

750.00

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

**A. Dr. Vincent Mandracchia**

Mailing Address 1801 Hickman Road

City

Des Moines

State

IA

Zip Code

50314-1505

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Broadlawn Medical Center

Occupation

Chief Medical Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
10 / 25 / 2011

Transaction ID : 19468205

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**B. Mr. Jack Dusenbery**

Mailing Address 3421 West Ninth Street

City

Waterloo

State

IA

Zip Code

50702-5499

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Covenant Medical Center

Occupation

President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
10 / 25 / 2011

Transaction ID : 19468220

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**C. Dr. Michael A Romano MD**

Mailing Address P O Box 2C

City

Council Bluffs

State

IA

Zip Code

51502-3002

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Jennie Edmundson Hospital

Occupation

Vice President Medical Affairs

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
10 / 25 / 2011

Transaction ID : 19468221

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)..... ►

750.00

TOTAL This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**American Hospital Association PAC**

Full Name (Last, First, Middle Initial)

**A. Mr. Jason Harrington**

Mailing Address P O Box AB

City

Spirit Lake

State

IA

Zip Code

51360-0159

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Lakes Regional Healthcare

Occupation

President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 / 25 / 2011

**Transaction ID : 19468222**

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**B. Ms. Sandra L. McIntosh RN, MA, CN**

Mailing Address 1208 Woodland Dr. SE

City

Cedar Rapids

State

IA

Zip Code

52403-9076

FEC ID number of contributing  
federal political committee.

C

Name of Employer

St. Luke's Hospital

Occupation

Director, Emergency Medical/Surgical

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 / 25 / 2011

**Transaction ID : 19468223**

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**C. Ms. Laura Malone**

Mailing Address 100 East Grand Avenue  
Suite 100

City

Des Moines

State

IA

Zip Code

50309-1817

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Iowa Hospital Association

Occupation

Director of Nursing & Clinical Service

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 / 25 / 2011

**Transaction ID : 19468224**

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

750.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 60 OF 178  
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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

**American Hospital Association PAC**

Full Name (Last, First, Middle Initial)

**A. Ms. Mary Ann Osborn RN, MA**

Mailing Address 1026 A Avenue

City

Cedar Rapids

State

IA

Zip Code

52402-5036

FEC ID number of contributing  
federal political committee.

C

Name of Employer

St. Luke's Hospital

Occupation

Vice President, Chief Clinical Officer

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		25		2011

**Transaction ID : 19468226**

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**B. Ms. Susan Thompson**

Mailing Address 1500 Collins St.

City

Webster City

State

IA

Zip Code

50595-2621

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Trinity Regional Medical Center

Occupation

Chief Operating Officer

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		25		2011

**Transaction ID : 19468227**

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**C. Ms. Teresa Mock**

Mailing Address 603 East 12th Street

City

Des Moines

State

IA

Zip Code

50319-9017

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Mercy Capitol

Occupation

Medical Director

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		25		2011

**Transaction ID : 19468228**

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

750.00

**TOTAL** This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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for each category of the  
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NAME OF COMMITTEE (In Full)

**American Hospital Association PAC**

Full Name (Last, First, Middle Initial)

**A. Mr. Daniel J Werner**

Mailing Address 901 Montgomery Street

City

Decorah

State

IA

Zip Code

52101-2325

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Winneshiek Medical Center

Occupation

Chief Administrative Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

10 / 25 / 2011

**Transaction ID : 19468229**

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**B. Ms. Diane Fischels**

Mailing Address 1791 Springview Dr.

City

Mason City

State

IA

Zip Code

50401-4759

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Mercy Medical Center-North Iowa

Occupation

VP, Organizational Development

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

10 / 25 / 2011

**Transaction ID : 19468230**

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**C. Ms. Barb McCaulley**

Mailing Address 1000 Fourth Street SW

City

Mason City

State

IA

Zip Code

50401-2800

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Mercy Medical Center-North Iowa

Occupation

Vice President Mission/Ethics

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

10 / 25 / 2011

**Transaction ID : 19468243**

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

750.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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for each category of the  
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NAME OF COMMITTEE (In Full)

**American Hospital Association PAC**

Full Name (Last, First, Middle Initial)

**A. Mr. James M Hayes**

Mailing Address 1518 Mulberry Avenue

City

Muscatine

State

IA

Zip Code

52761-3433

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Trinity Muscatine

Occupation

Chief Executive Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

10 / 25 / 2011

Transaction ID : 19468244

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**B. Dr. Carol A. Watson Ph.D., RN**

Mailing Address 390 NB

50 Newton Road

City

Iowa City

State

IA

Zip Code

52242-9296

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Genesis Health System

Occupation

Board Member

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

10 / 25 / 2011

Transaction ID : 19468245

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**C. Mr. Timothy Horrigan**

Mailing Address 1825 Logan Avenue

City

Waterloo

State

IA

Zip Code

50703-1916

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Allen Memorial Hospital

Occupation

Chief Medical Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.88

Date of Receipt

10 / 25 / 2011

Transaction ID : 19468246

Amount of Each Receipt this Period

210.88

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

710.88

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

**A. Mr. Dan Royer**

Mailing Address 100 East Grand Avenue

City

Des Moines

State

IA

Zip Code

50309-1817

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Iowa Hospital Association

Occupation

Director, Advocacy Development

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.89

Date of Receipt

M M / D D / Y Y Y Y Y  
 10 / 25 / 2011

Transaction ID : 19468248

Amount of Each Receipt this Period

210.89

Full Name (Last, First, Middle Initial)

**B. Mr. Matthew Anderson JD**

Mailing Address 2550 University Avenue W.

City

Saint Paul

State

MN

Zip Code

55114-1052

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Minnesota Hospital Association

Occupation

Vice Pres, Regulatory/Strategic Affair

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

730.93

Date of Receipt

M M / D D / Y Y Y Y Y  
 10 / 25 / 2011

Transaction ID : 19469031

Amount of Each Receipt this Period

269.29

Full Name (Last, First, Middle Initial)

**C. Ms. Debra K Boardman**

Mailing Address 750 East 34th Street

City

Hibbing

State

MN

Zip Code

55746-2341

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Fairview Range Regional Health Service

Occupation

President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

405.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 10 / 25 / 2011

Transaction ID : 19469033

Amount of Each Receipt this Period

155.00

SUBTOTAL of Receipts This Page (optional)..... ►

635.18

TOTAL This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

**A. Mr. Brendan Cassidy**

Mailing Address 2136 Ford Parkway  
Ste. 186

City State Zip Code  
Saint Paul MN 55116-1863

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Medicalis

Occupation

Account Executive

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

312.50

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 25 2011

Transaction ID : 19469036

Amount of Each Receipt this Period

62.50

Full Name (Last, First, Middle Initial)

**B. Mr. George Gerlach**

Mailing Address 345 Tenth Avenue

City State Zip Code  
Granite Falls MN 56241-1499

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Granite Falls Municipal Hospital and M

Occupation

Chief Executive Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 25 2011

Transaction ID : 19469038

Amount of Each Receipt this Period

75.00

Full Name (Last, First, Middle Initial)

**C. Ms. Ann Gibson**

Mailing Address 2550 University Avenue W.  
Suite 350-S

City State Zip Code  
Saint Paul MN 55114-1052

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Minnesota Hospital Association

Occupation

Director, Federal Relations

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.37

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 25 2011

Transaction ID : 19469039

Amount of Each Receipt this Period

134.61

SUBTOTAL of Receipts This Page (optional)..... ►

272.11

TOTAL This Period (last page this line number only)..... ►



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NAME OF COMMITTEE (In Full)

**American Hospital Association PAC**

Full Name (Last, First, Middle Initial)

## **A. Ms. Jo Ann Hoag**

Mailing Address 915 East First Street

City

Duluth

State

MN

Zip Code

55805-2107

FEC ID number of contributing  
federal political committee.

C

Name of Employer

St. Luke's Hospital

Occupation

Vice President, Chief Nursing Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

217.50

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 / 25 / 2011

**Transaction ID : 19476934**

Amount of Each Receipt this Period

217.50

Full Name (Last, First, Middle Initial)

## **B. Mr. Benjamin Koppelman**

Mailing Address 600 Pleasant Avenue

City

Park Rapids

State

MN

Zip Code

56470-1431

FEC ID number of contributing  
federal political committee.

C

Name of Employer

St. Joseph's Area Health Services

Occupation

President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 / 25 / 2011

**Transaction ID : 19476936**

Amount of Each Receipt this Period

75.00

Full Name (Last, First, Middle Initial)

## **C. Ms. Mary Krinkie**

Mailing Address 2550 University Avenue W.  
Suite 350-S

City

Saint Paul

State

MN

Zip Code

55114-1052

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Minnesota Hospital Association

Occupation

Vice President, Government Relations

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 / 25 / 2011

**Transaction ID : 19476939**

Amount of Each Receipt this Period

25.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

317.50

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

**A. Mr. Frank Lawatsch**

Mailing Address 1815 Wisconsin Avenue

City State Zip Code  
 Benson MN 56215-1653

FEC ID number of contributing federal political committee.

C

Name of Employer  
 Swift County-Benson Hospital

Occupation  
 Chief Executive Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

222.50

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 10 25 2011

Transaction ID : 19476941

Amount of Each Receipt this Period

47.50

Full Name (Last, First, Middle Initial)

**B. Mr. Lawrence J Massa**

Mailing Address 2550 University Avenue West, Suite

City State Zip Code  
 Saint Paul MN 55114-1907

FEC ID number of contributing federal political committee.

C

Name of Employer  
 Minnesota Hospital Association

Occupation  
 President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1150.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 10 25 2011

Transaction ID : 19476944

Amount of Each Receipt this Period

150.00

Full Name (Last, First, Middle Initial)

**C. Mr. Ben Peltier**Mailing Address 2550 University Avenue W.  
Suite 350-S

City State Zip Code  
 Saint Paul MN 55114-1907

FEC ID number of contributing federal political committee.

C

Name of Employer  
 Minnesota Hospital Association

Occupation  
 Vice President, Legal Services

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

681.75

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 10 25 2011

Transaction ID : 19476951

Amount of Each Receipt this Period

318.15

SUBTOTAL of Receipts This Page (optional)..... ►

515.65

TOTAL This Period (last page this line number only)..... ►

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

**A. Mr. Joe Schindler**

Mailing Address 2550 University Avenue W.  
Suite 350-S

City State Zip Code  
Saint Paul MN 55114-1052

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Minnesota Hospital Association

Occupation

Vice President, Finance

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.37

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
10 / 25 / 2011

Transaction ID : 19483135

Amount of Each Receipt this Period

134.61

Full Name (Last, First, Middle Initial)

**B. Ms. Rachelle H Schultz**

Mailing Address P O Box 5600

City State Zip Code  
Winona MN 55987-0600

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Winona Health

Occupation

President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
10 / 25 / 2011

Transaction ID : 19483137

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**C. Mr. Mark Sonneborn**

Mailing Address 2550 University Avenue W.

City State Zip Code  
Saint Paul MN 55114-1052

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Minnesota Hospital Association

Occupation

Vice President of Information Services

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

380.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
10 / 25 / 2011

Transaction ID : 19483139

Amount of Each Receipt this Period

140.00

SUBTOTAL of Receipts This Page (optional)..... ►

524.61

TOTAL This Period (last page this line number only)..... ►

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NAME OF COMMITTEE (In Full)

**American Hospital Association PAC**

Full Name (Last, First, Middle Initial)

## **A. Mr. Randy Ulseth**

Mailing Address 301 South Highway 65

City State Zip Code  
Mora MN 55051-1899

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Kanabec Hospital

Occupation

Chief Executive Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

10 / 25 / 2011

**Transaction ID : 19483144**

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

## **B. Ms. Peggy Westby**

Mailing Address 2550 University Avenue W.  
Suite 350-S

City State Zip Code  
Saint Paul MN 55114-1052

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Minnesota Hospital Association

Occupation

Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.37

Date of Receipt

10 / 25 / 2011

**Transaction ID : 19483148**

Amount of Each Receipt this Period

134.61

Full Name (Last, First, Middle Initial)

## **C. Ms. Kimber L Wraalstad FACHE**

Mailing Address 515 5th Avenue West

City State Zip Code  
Grand Marais MN 55604-3017

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Cook County North Shore Hospital

Occupation

Administrator and Chief Executive Offi

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

10 / 25 / 2011

**Transaction ID : 19483150**

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

634.61

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

**A. Mr. Scott Bowman**

Mailing Address 304 Wright Street

City

Sweetwater

State

TN

Zip Code

37874-2897

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Sweetwater Hospital

Occupation

Administrator

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 27 / 2011

Transaction ID : 19496810

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**B. Mr. Chris Clarke**

Mailing Address 500 Interstate Blvd. South

City

Nashville

State

TN

Zip Code

37210-4634

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Tennessee Hospital Association

Occupation

Senior Vice President, Center for Pati

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 27 / 2011

Transaction ID : 19496811

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**C. Mr. James L. Goodloe**

Mailing Address 500 Interstate Blvd. South

City

Nashville

State

TN

Zip Code

37210-4634

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Tennessee Hospital Association

Occupation

Senior Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 27 / 2011

Transaction ID : 19496812

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)..... ►

1250.00

TOTAL This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

**A. Mr. Bill Jolley**

Mailing Address 500 Interstate Blvd., South

City

Nashville

State

TN

Zip Code

37210-4634

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Tennessee Hospital Association

Occupation

Vice-President-Rural Health Issues

Receipt For:

☐ Primary☐ General☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 10 / 27 / 2011

Transaction ID : 19496813

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**B. Mr. David Neiger**

Mailing Address 500 Interstate Boulevard South

City

Nashville

State

TN

Zip Code

37210-4634

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Tennessee Hospital Association

Occupation

VP Accounting/ Chief Financial Officer

Receipt For:

☐ Primary☐ General☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 10 / 27 / 2011

Transaction ID : 19496816

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**C. Mr. Christopher Baker**

Mailing Address 2206 Avenham Ave. SW

City

Roanoke

State

VA

Zip Code

24014-1604

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Carilion Clinic

Occupation

Chair, Department of Surgery

Receipt For:

☐ Primary☐ General☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 10 / 27 / 2011

Transaction ID : 19496838

Amount of Each Receipt this Period

350.00

SUBTOTAL of Receipts This Page (optional)..... ►

850.00

TOTAL This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**American Hospital Association PAC**

Full Name (Last, First, Middle Initial)

**A. Mr. Wade Broughman**

Mailing Address 701 Town Center Drive, Suite 1000

City

Newport News

State

VA

Zip Code

23606-4286

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Riverside Rehabilitation Institute

Occupation

Executive Vice President and Chief Fin

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

10 / 27 / 2011

**Transaction ID : 19496839**

Amount of Each Receipt this Period

350.00

Full Name (Last, First, Middle Initial)

**B. Mr. W Scott Burnette**

Mailing Address P O Box 90

City

South Hill

State

VA

Zip Code

23970-0090

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Community Memorial Healthcenter

Occupation

President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

10 / 27 / 2011

**Transaction ID : 19496840**

Amount of Each Receipt this Period

350.00

Full Name (Last, First, Middle Initial)

**c. Mrs. Beth Carlson RN, BSN, M**

Mailing Address 100 Sentara Cir

City

Williamsburg

State

VA

Zip Code

23188-5713

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Sentara Williamsburg Regional Medical

Occupation

VP Patient Care Services

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

10 / 27 / 2011

**Transaction ID : 19496841**

Amount of Each Receipt this Period

200.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

900.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**American Hospital Association PAC**

Full Name (Last, First, Middle Initial)

**A. Ms. Sally Hartman**

Mailing Address 109 Royal Musselburgh

City

Williamsburg

State

VA

Zip Code

23188-7421

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Riverside Health System

Occupation

Vice President, Human Resources

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 27 / 2011

**Transaction ID : 19496842**

Amount of Each Receipt this Period

350.00

Full Name (Last, First, Middle Initial)

**B. Mr. Richard J Pearce**

Mailing Address 245 Chesapeake Avenue

City

Newport News

State

VA

Zip Code

23607-6038

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Riverside Rehabilitation Institute

Occupation

President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 27 / 2011

**Transaction ID : 19496847**

Amount of Each Receipt this Period

350.00

Full Name (Last, First, Middle Initial)

**C. Mr. Keith Percic**

Mailing Address 104 Larchwood Rd

City

Yorktown

State

VA

Zip Code

23692-4741

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Riverside Health System

Occupation

Vice President of General Accounting

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 27 / 2011

**Transaction ID : 19496848**

Amount of Each Receipt this Period

350.00

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1050.00



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NAME OF COMMITTEE (In Full)

**American Hospital Association PAC**

Full Name (Last, First, Middle Initial)

**A. Mr. Dennis Ryan**

Mailing Address 601 Children's Lane

City  
Norfolk

State  
VA

Zip Code  
23507-1971

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Children's Hospital of The King's Daug

Occupation

Senior Vice President and Chief Financ

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 / 27 / 2011

**Transaction ID : 19496849**

Amount of Each Receipt this Period

350.00

Full Name (Last, First, Middle Initial)

**B. Ms. Barbara Stoltzfus**

Mailing Address 235 Cantrell Avenue

City

Harrisonburg

State

VA

Zip Code

22801-3248

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Rockingham Memorial Hospital

Occupation

Trustee

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 / 27 / 2011

**Transaction ID : 19496850**

Amount of Each Receipt this Period

350.00

Full Name (Last, First, Middle Initial)

**C. Mr. Melvyn Patashnick**

Mailing Address 528 Washington Highway

City

Morrisville

State

VT

Zip Code

05661-8973

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Copley Hospital

Occupation

President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 / 28 / 2011

**Transaction ID : 19496851**

Amount of Each Receipt this Period

350.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

1050.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

**A. Mr. Larry C. Bourne**

Mailing Address 424 Autumn Oak Drive

City State Zip Code  
 Madison MS 39110-9148

FEC ID number of contributing federal political committee.

C

Name of Employer

HPI Company

Occupation

President and CEO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 10 21 2011

Transaction ID : 19500973

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**B. Mr. Sam W Cameron**

Mailing Address 116 Woodgreen Crossing

City State Zip Code  
 Madison MS 39110-4522

FEC ID number of contributing federal political committee.

C

Name of Employer

Mississippi Hospital Association

Occupation

President &amp; Chief Executive Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

697.50

Date of Receipt

M M / D D / Y Y Y Y Y  
 10 21 2011

Transaction ID : 19500979

Amount of Each Receipt this Period

87.50

Full Name (Last, First, Middle Initial)

**C. Ms. Shannon D. Coker**

Mailing Address P.O. Box 1909  
 116 Woodgreen Crossing

City State Zip Code  
 Madison MS 39130-1909

FEC ID number of contributing federal political committee.

C

Name of Employer

Mississippi Hospital Association

Occupation

Director of Government Relations

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

223.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 10 21 2011

Transaction ID : 19500988

Amount of Each Receipt this Period

24.00

SUBTOTAL of Receipts This Page (optional)..... ►

361.50

TOTAL This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
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NAME OF COMMITTEE (In Full)

**American Hospital Association PAC**

Full Name (Last, First, Middle Initial)

**A. Mr. Charles L Denton**

Mailing Address 960 Avent Drive

City

Grenada

State

MS

Zip Code

38901-5230

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Grenada Lake Medical Center

Occupation

Chief Executive Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

647.50

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 / 21 / 2011

**Transaction ID : 19500997**

Amount of Each Receipt this Period

147.50

Full Name (Last, First, Middle Initial)

**B. Mr. Evan Dillard**

Mailing Address P O Box 16389

City

Hattiesburg

State

MS

Zip Code

39404-6389

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Forrest General Hospital

Occupation

Chief Executive Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 / 21 / 2011

**Transaction ID : 19501003**

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**C. Mr. Michael R Edwards**

Mailing Address P O Box 259

City

Morton

State

MS

Zip Code

39117-0259

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Scott Regional Hospital

Occupation

Chief Executive Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 / 21 / 2011

**Transaction ID : 19501005**

Amount of Each Receipt this Period

210.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

607.50

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**American Hospital Association PAC**

Full Name (Last, First, Middle Initial)

**A. Ms. Judith Forshee**

Mailing Address Post Office Box 1909

City

Madison

State

MS

Zip Code

39130-1909

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Mississippi Hospital Association

Occupation

Director of Education

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

10 / 21 / 2011

Transaction ID : 19501013

Amount of Each Receipt this Period

60.00

Full Name (Last, First, Middle Initial)

**B. Mr. Eddie L. Foster**

Mailing Address 116 Woodgreen Crossing

City

Madison

State

MS

Zip Code

39110-4522

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Mississippi Hospital Association

Occupation

Chief Operating Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

345.50

Date of Receipt

10 / 21 / 2011

Transaction ID : 19501017

Amount of Each Receipt this Period

46.50

Full Name (Last, First, Middle Initial)

**c. Mr. Guy Geller**

Mailing Address P O Box 351

City

Magnolia

State

MS

Zip Code

39652-0351

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Beacham Memorial Hospital

Occupation

Administrator and Chief Executive Offi

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

372.50

Date of Receipt

10 / 21 / 2011

Transaction ID : 19501025

Amount of Each Receipt this Period

135.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

241.50

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**American Hospital Association PAC**

Full Name (Last, First, Middle Initial)

**A. Mr. Lawrence Graeber**

Mailing Address P O Box 648

City

Philadelphia

State

MS

Zip Code

39350-0648

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Neshoba County General Hospital

Occupation

Chief Executive Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

202.50

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 / 21 / 2011

**Transaction ID : 19501029**

Amount of Each Receipt this Period

180.00

Full Name (Last, First, Middle Initial)

**B. Mr. Claude W Harbarger**

Mailing Address 969 Lakeland Drive

City

Jackson

State

MS

Zip Code

39216-4606

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Auto Created Organization

Occupation

President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

290.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 / 21 / 2011

**Transaction ID : 19501036**

Amount of Each Receipt this Period

5.00

Full Name (Last, First, Middle Initial)

**c. Mr. G Douglas Higginbotham**

Mailing Address P O Box 607

City

Laurel

State

MS

Zip Code

39441-0607

FEC ID number of contributing  
federal political committee.

C

Name of Employer

South Central Regional Medical Center

Occupation

Executive Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

635.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 / 21 / 2011

**Transaction ID : 19501041**

Amount of Each Receipt this Period

135.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

320.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**American Hospital Association PAC**

Full Name (Last, First, Middle Initial)

**A. Mr. Richard G Hilton**

Mailing Address P O Box 1506

City  
Starkville

State  
MS

Zip Code  
39760-1506

FEC ID number of contributing  
federal political committee.

C

Name of Employer

OCH Regional Medical Center

Occupation

Associate Administrator and Chief Financial Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

455.00

Date of Receipt

10 / 21 / 2011

Transaction ID : 19501043

Amount of Each Receipt this Period

205.00

Full Name (Last, First, Middle Initial)

**B. Mr. Fred B Hood**

Mailing Address P O Box 790

City

Pontotoc

State

MS

Zip Code

38863-0790

FEC ID number of contributing  
federal political committee.

C

Name of Employer

North Mississippi Medical Center-Pontotoc

Occupation

Administrator

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

505.00

Date of Receipt

10 / 21 / 2011

Transaction ID : 19501049

Amount of Each Receipt this Period

505.00

Full Name (Last, First, Middle Initial)

**C. Mr. Alvin Hoover**

Mailing Address P O Box 948

City

Brookhaven

State

MS

Zip Code

39602-0948

FEC ID number of contributing  
federal political committee.

C

Name of Employer

King's Daughters Medical Center

Occupation

Chief Executive Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

419.78

Date of Receipt

10 / 21 / 2011

Transaction ID : 19501051

Amount of Each Receipt this Period

419.78

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

1129.78

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**American Hospital Association PAC**

Full Name (Last, First, Middle Initial)

**A. Mr. L Ray Humphreys**

Mailing Address 2124 14th Street

City

Meridian

State

MS

Zip Code

39301-4040

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Anderson Regional Medical Center

Occupation

Chief Executive Officer

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

292.50

Date of Receipt

10 / 21 / 2011

**Transaction ID : 19501057**

Amount of Each Receipt this Period

292.50

Full Name (Last, First, Middle Initial)

**B. Mr. Donald H. Hutson**

Mailing Address P O Box 946

City

Oxford

State

MS

Zip Code

38655-6002

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Baptist Memorial Hospital-North Missis

Occupation

Administrator/CEO

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

10 / 21 / 2011

**Transaction ID : 19501059**

Amount of Each Receipt this Period

125.00

Full Name (Last, First, Middle Initial)

**c. Mr. Randy King**

Mailing Address 7601 Southcrest Parkway

City

Southaven

State

MS

Zip Code

38671-4739

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Baptist Memorial Hospital-Desoto

Occupation

Chief Executive Officer

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

315.00

Date of Receipt

10 / 21 / 2011

**Transaction ID : 19501069**

Amount of Each Receipt this Period

265.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

682.50

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**American Hospital Association PAC**

Full Name (Last, First, Middle Initial)

**A. Ms. Shawn Rossi**

Mailing Address 116 Woodgreen Crossing

City

Madison

State

MS

Zip Code

39110-4522

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Mississippi Hospital Association

Occupation

VP for Strategic Communications

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

247.99

Date of Receipt

10 / 21 / 2011

**Transaction ID : 19501073**

Amount of Each Receipt this Period

68.36

Full Name (Last, First, Middle Initial)

**B. Mr. Steve Lesley**

Mailing Address 116 Woodgreen Crossing

City

Madison

State

MS

Zip Code

39130-1909

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Mississippi Hospital Association

Occupation

Director of Data Services

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

242.70

Date of Receipt

10 / 21 / 2011

**Transaction ID : 19501077**

Amount of Each Receipt this Period

102.96

Full Name (Last, First, Middle Initial)

**C. Mr. Lee McCall**

Mailing Address P O Box 1288

City

Prentiss

State

MS

Zip Code

39474-1288

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Jefferson Davis Community Hospital

Occupation

Chief Executive Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

10 / 21 / 2011

**Transaction ID : 19501090**

Amount of Each Receipt this Period

210.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

381.32

**TOTAL** This Period (last page this line number only)..... ►



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**American Hospital Association PAC**

Full Name (Last, First, Middle Initial)

**A. Dr. Marcella McKay Ph.D.**

Mailing Address 322 Helmsley Drive

City

Brandon

State

MS

Zip Code

39047-8159

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Mississippi Hospital Association

Occupation

VP Nursing/CEO MHA Health, Research &

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

10 / 21 / 2011

**Transaction ID : 19501094**

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**B. Ms. Julie McNeese**

Mailing Address 116 Woodgreen Crossing

City

Madison

State

MS

Zip Code

39110-4522

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Mississippi Hospital Association

Occupation

Vice President, MHA/DSI

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

203.00

Date of Receipt

10 / 21 / 2011

**Transaction ID : 19501096**

Amount of Each Receipt this Period

84.00

Full Name (Last, First, Middle Initial)

**C. Mr. Mark D McPhail**

Mailing Address 2124 14th Street

City

Meridian

State

MS

Zip Code

39301-4093

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Jeff Anderson Regional Medical Center

Occupation

Chief Executive Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

10 / 21 / 2011

**Transaction ID : 19501100**

Amount of Each Receipt this Period

225.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

559.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

**A. Mr. Kurt W Metzner**

Mailing Address 1225 North State Street

City

Jackson

State

MS

Zip Code

39202-2064

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Mississippi Baptist Health System

Occupation

President and Chief Executive Officer

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

505.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		21		2011

Transaction ID : 19501102

Amount of Each Receipt this Period

5.00

Full Name (Last, First, Middle Initial)

**B. Mr. Rick Napper**

Mailing Address 100 Covewood Lane

City

Corinth

State

MS

Zip Code

38834-7200

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Magnolia Regional Health Center

Occupation

CEO

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

505.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		21		2011

Transaction ID : 19501109

Amount of Each Receipt this Period

505.00

Full Name (Last, First, Middle Initial)

**C. Mr. William C Oliver**

Mailing Address 6051 U S Highway 49

City

Hattiesburg

State

MS

Zip Code

39401-7200

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Forrest General Hospital

Occupation

President

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

1362.50

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		21		2011

Transaction ID : 19501114

Amount of Each Receipt this Period

812.50

SUBTOTAL of Receipts This Page (optional)..... ►

1322.50

TOTAL This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**American Hospital Association PAC**

Full Name (Last, First, Middle Initial)

**A. Dr. David G Putt**

Mailing Address 2500 North State Street

City

Jackson

State

MS

Zip Code

39216-4500

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Auto Created Organization

Occupation

Chief Executive Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

280.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 21 / 2011

**Transaction ID : 19501123**

Amount of Each Receipt this Period

280.00

Full Name (Last, First, Middle Initial)

**B. Mr. W Dale Saulters**

Mailing Address P O Box 967

City

Louisville

State

MS

Zip Code

39339-0967

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Winston Medical Center

Occupation

Administrator

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

237.50

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 21 / 2011

**Transaction ID : 19501129**

Amount of Each Receipt this Period

137.50

Full Name (Last, First, Middle Initial)

**C. Mr. G Edward Tucker Jr**

Mailing Address P O Box 16389

City

Hattiesburg

State

MS

Zip Code

39404-6389

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Forrest General Hospital

Occupation

Vice President Corporate Services

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

565.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 21 / 2011

**Transaction ID : 19501144**

Amount of Each Receipt this Period

500.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

917.50

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NAME OF COMMITTEE (In Full)

**American Hospital Association PAC**

Full Name (Last, First, Middle Initial)

## **A. Mr. Gerald D Wages**

Mailing Address 830 South Gloster Street

City

Tupelo

State

MS

Zip Code

38801-4934

FEC ID number of contributing  
federal political committee.

C

Name of Employer

North Mississippi Medical Center-Eupor

Occupation

Executive Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1030.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 / 21 / 2011

**Transaction ID : 19501150**

Amount of Each Receipt this Period

5.00

Full Name (Last, First, Middle Initial)

## **B. Mr. Len Bryant**

Mailing Address 5016 Greystone Way

City

Birmingham

State

AL

Zip Code

35242-6427

FEC ID number of contributing  
federal political committee.

C

Name of Employer

North Oak Regional Medical Center

Occupation

President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 / 21 / 2011

**Transaction ID : 19501188**

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

## **C. Mr. Steve Dickson**

Mailing Address P.O. Box 1909

City

Madison

State

MS

Zip Code

39130-1909

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Mississippi Hospital Association

Occupation

President/CEO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 / 21 / 2011

**Transaction ID : 19501197**

Amount of Each Receipt this Period

750.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

1255.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**American Hospital Association PAC**

Full Name (Last, First, Middle Initial)

**A. Mr. M Kenneth Posey**

Mailing Address P O Box 527

City

Bay Springs

State

MS

Zip Code

39422-0527

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Jasper General Hospital

Occupation

Administrator

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

415.00

Date of Receipt

10 / 21 / 2011

**Transaction ID : 19501302**

Amount of Each Receipt this Period

415.00

Full Name (Last, First, Middle Initial)

**B. Mr. John R Broberg**

Mailing Address 1020 Parkshire Cir

City

Manhattan

State

KS

Zip Code

66503-2475

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Mercy Regional Health Center

Occupation

President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

10 / 31 / 2011

**Transaction ID : 19503060**

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**C. Mr. Dennis L George**

Mailing Address P O Box 189

City

Burlington

State

KS

Zip Code

66839-0189

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Coffey County Hospital

Occupation

Chief Executive Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

10 / 31 / 2011

**Transaction ID : 19503074**

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

915.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**American Hospital Association PAC**

Full Name (Last, First, Middle Initial)

**A. Mr. Maynard F Oliverius**

Mailing Address 1504 SW Eighth Avenue

City

Topeka

State

KS

Zip Code

66606-1632

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Kansas Rehabilitation Hospital

Occupation

President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 / 31 / 2011

**Transaction ID : 19503101**

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

**B. Mr. Earl A Schulte MD**

Mailing Address 3901 Jupiter Hills Drive

City

Hutchinson

State

KS

Zip Code

67502-8096

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Hutchinson Regional Medical Center

Occupation

Medical Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 / 31 / 2011

**Transaction ID : 19503107**

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**C. Ms. Jenice Schulte RN**

Mailing Address 3901 Jupiter Hills Dr.

City

Hutchinson

State

KS

Zip Code

67502-8096

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Hutchinson Regional Medical Center

Occupation

OR Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 / 31 / 2011

**Transaction ID : 19503108**

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

1500.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**American Hospital Association PAC**

Full Name (Last, First, Middle Initial)

**A. Mr. Steven D Wilkinson**

Mailing Address 5721 West 119th Street

City

Overland Park

State

KS

Zip Code

66209-3722

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Menorah Medical Center

Occupation

President and Chief Executive Officer

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 31 / 2011

**Transaction ID : 19503118**

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**B. Ms. Kimberly A. Keiser**

Mailing Address 2237 Bryden Road

City

Bexley

State

OH

Zip Code

43209-1612

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Ohio Hospital Association

Occupation

Chief Information Officer

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 27 / 2011

**Transaction ID : 19503131**

Amount of Each Receipt this Period

750.00

Full Name (Last, First, Middle Initial)

**C. Mr. Joseph R. Ruggles**

Mailing Address 1780 Buck Creek Lane

City

Springfield

State

OH

Zip Code

45502-8800

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Ohio Hospital Association

Occupation

Vice President, Member Development

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 27 / 2011

**Transaction ID : 19503132**

Amount of Each Receipt this Period

500.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

1750.00

**TOTAL** This Period (last page this line number only)..... ►

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NAME OF COMMITTEE (In Full)

**American Hospital Association PAC**

Full Name (Last, First, Middle Initial)

**A. Mr. Richard Kammerer**

Mailing Address 12 Forest Hill Dr

City

Cincinnati

State

OH

Zip Code

45208-1910

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Christ Hospital

Occupation

Administration

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 / 27 / 2011

**Transaction ID : 19503133**

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**B. Mr. Allen Golson**

Mailing Address 350 Hospital Drive

City

Macon

State

GA

Zip Code

31217-3838

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Coliseum Medical Centers

Occupation

Chief Executive Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 / 10 / 2011

**Transaction ID : 19503146**

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**C. Mr. Don F. Paulson**

Mailing Address 13425 Longspur Ct.

City

Valley View

State

OH

Zip Code

44125-5449

FEC ID number of contributing  
federal political committee.

C

Name of Employer

University Hospital

Occupation

Vice President, Finance

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 / 27 / 2011

**Transaction ID : 19503155**

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

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1000.00



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NAME OF COMMITTEE (In Full)

**American Hospital Association PAC**

Full Name (Last, First, Middle Initial)

**A. Mr. Philip R Wolfe**

Mailing Address P O Box 348

City

Lawrenceville

State

GA

Zip Code

30046-0348

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Gwinnett Hospital System

Occupation

President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

10 / 10 / 2011

**Transaction ID : 19503169**

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**B. Mr. Gary W Pulsipher**

Mailing Address 2727 McClelland Boulevard

City

Joplin

State

MO

Zip Code

64804-1626

FEC ID number of contributing  
federal political committee.

C

Name of Employer

St. John's Regional Medical Center

Occupation

President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

10 / 28 / 2011

**Transaction ID : 19503178**

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**C. Mr. R Timothy Stack**

Mailing Address 1800 Howell Mill Road NW, Suite 85

City

Atlanta

State

GA

Zip Code

30318-2538

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Piedmont Healthcare

Occupation

President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1187.50

Date of Receipt

10 / 10 / 2011

**Transaction ID : 19503187**

Amount of Each Receipt this Period

187.50

**SUBTOTAL** of Receipts This Page (optional)..... ►

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687.50

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NAME OF COMMITTEE (In Full)

**American Hospital Association PAC**

Full Name (Last, First, Middle Initial)

**A. Mr. G Michael Bass**

Mailing Address P O Box 997

City

Newnan

State

GA

Zip Code

30264-0997

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Piedmont Newnan Hospital

Occupation

President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

375.00

Date of Receipt

10 / 10 / 2011

**Transaction ID : 19503209**

Amount of Each Receipt this Period

375.00

Full Name (Last, First, Middle Initial)

**B. Mr. John D Harryman**

Mailing Address 4001 Dutchmans Lane

City

Louisville

State

KY

Zip Code

40207-4799

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Norton Suburban Hospital

Occupation

President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

10 / 17 / 2011

**Transaction ID : 19503297**

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**C. Mr. Bill Kindred**

Mailing Address 111 Old Glasgow Road

City

Edmonton

State

KY

Zip Code

42129-9050

FEC ID number of contributing  
federal political committee.

C

Name of Employer

T. J. Samson Community Hospital

Occupation

Chief Executive Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

10 / 17 / 2011

**Transaction ID : 19503316**

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

875.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**American Hospital Association PAC**

Full Name (Last, First, Middle Initial)

## **A. Mr. Russ Ranallo**

Mailing Address 811 East Parrish Avenue

City State Zip Code  
 Owensboro KY 42303-3268

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
 Owensboro Medical Health System

Occupation  
 Vice President, Financial Services

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 10 17 2011

**Transaction ID : 19503323**

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

## **B. Mr. Charles Black Jr**

Mailing Address P O Box 1310

City State Zip Code  
 Mount Vernon KY 40456-1310

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
 Rockcastle Hospital and Respiratory Ca

Occupation  
 Chief Financial Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 10 17 2011

**Transaction ID : 19503324**

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

## **c. Mr. Stephen A Estes**

Mailing Address P O Box 1310

City State Zip Code  
 Mount Vernon KY 40456-1310

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
 Rockcastle Hospital and Respiratory Ca

Occupation  
 Chief Executive Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 10 17 2011

**Transaction ID : 19503325**

Amount of Each Receipt this Period

500.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

1250.00

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NAME OF COMMITTEE (In Full)

**American Hospital Association PAC**

Full Name (Last, First, Middle Initial)

**A. Mr. Stephen M. Johnson**

Mailing Address PO Box 20007

City

Owensboro

State

KY

Zip Code

42304-0007

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Owensboro Medical Health System

Occupation

Dir. Government & Community Relations

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 17 / 2011

**Transaction ID : 19503327**

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**B. Mr. Carl G Herde**

Mailing Address 4007 Kresge Way

City

Louisville

State

KY

Zip Code

40207-4677

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Baptist Healthcare System

Occupation

Vice President and Chief Financial Off

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 17 / 2011

**Transaction ID : 19503339**

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**C. Mr. Tommy J Smith**

Mailing Address 4007 Kresge Way

City

Louisville

State

KY

Zip Code

40207-4677

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Baptist Healthcare System

Occupation

President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 17 / 2011

**Transaction ID : 19503340**

Amount of Each Receipt this Period

500.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

1000.00

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NAME OF COMMITTEE (In Full)

**American Hospital Association PAC**

Full Name (Last, First, Middle Initial)

**A. Mr. James H Taylor**

Mailing Address 530 South Jackson Street

City

Louisville

State

KY

Zip Code

40202-1675

FEC ID number of contributing  
federal political committee.

C

Name of Employer

University of Louisville Hospital

Occupation

President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

10 / 17 / 2011

Transaction ID : 19503348

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**B. Mr. Kevin S Wardell**

Mailing Address P O Box 35070

City

Louisville

State

KY

Zip Code

40232-5070

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Norton Hospital

Occupation

President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

10 / 17 / 2011

Transaction ID : 19503352

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**C. Mr. Win Howard**

Mailing Address 378 Sierra Lodge Drive

City

Grants Pass

State

OR

Zip Code

97527-9087

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Three Rivers Community Hospital and He

Occupation

Chief Executive Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

10 / 28 / 2011

Transaction ID : 19503357

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

1250.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**American Hospital Association PAC**

Full Name (Last, First, Middle Initial)

**A. Mr. David Kinyon**

Mailing Address 1110 NW Hillside Dr

City

Grants Pass

State

OR

Zip Code

97526-1175

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Asante Health System

Occupation

Output Svcs Administrator

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

10 / 28 / 2011

**Transaction ID : 19503358**

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**B. Mr. Robert Thompson**

Mailing Address 210 Bellerive Drive

City

Eagle Point

State

OR

Zip Code

97524-9733

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Asante Health System

Occupation

Chief Quality Medical Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

10 / 28 / 2011

**Transaction ID : 19503359**

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**c. Mr. Carl David Brown Jr.**

Mailing Address PO Box 668

City

Prestonsburg

State

KY

Zip Code

41653-0668

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Highlands Regional Medical Center

Occupation

Systems Analyst

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

10 / 17 / 2011

**Transaction ID : 19503363**

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

750.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**American Hospital Association PAC**

Full Name (Last, First, Middle Initial)

**A. Ms. Suzie Q. McDaniel M.Ed., SPH**

Mailing Address 740 S 12th St

City

Coos Bay

State

OR

Zip Code

97420-1332

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Bay Area Hospital

Occupation

Director, Human Resources

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

10 / 28 / 2011

**Transaction ID : 19503371**

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**B. Mr. Jay Henry**

Mailing Address 2500 NE Neff Road

City

Bend

State

OR

Zip Code

97701-6015

FEC ID number of contributing  
federal political committee.

C

Name of Employer

St. Charles Medical Center - Bend

Occupation

Chief Executive Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

10 / 28 / 2011

**Transaction ID : 19503398**

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**C. Ms. Karen Shepard**

Mailing Address 2500 NE Neff Road

City

Bend

State

OR

Zip Code

97701-6015

FEC ID number of contributing  
federal political committee.

C

Name of Employer

St. Charles Health System, Inc.

Occupation

Senior Vice President Finance & CFO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

10 / 28 / 2011

**Transaction ID : 19503403**

Amount of Each Receipt this Period

500.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

1250.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**American Hospital Association PAC**

Full Name (Last, First, Middle Initial)

**A. Mr. Dennis E Burke**

Mailing Address 610 NW 11th Street

City

Hermiston

State

OR

Zip Code

97838-6601

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Good Shepherd Healthcare System

Occupation

President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

10 / 28 / 2011

**Transaction ID : 19503405**

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**B. Mr Mark M. Enger**

Mailing Address 123 NW 12 Ave

City

Portland

State

OR

Zip Code

97209-4143

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Kaiser Permanente

Occupation

VP/COO, Care Delivery Operations Kaise

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

10 / 28 / 2011

**Transaction ID : 19503409**

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**C. Ms Sue Hennessy**

Mailing Address 19656 Wildwood Dr

City

West Linn

State

OR

Zip Code

97068-2210

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Kaiser Permanente

Occupation

Vice President Strategic Planning and

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

10 / 28 / 2011

**Transaction ID : 19503411**

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

750.00



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**American Hospital Association PAC**

Full Name (Last, First, Middle Initial)

**A. Mr. Rico Cayetano**

Mailing Address 11416 SE Cedar Way

City

Happy Valley

State

OR

Zip Code

97086-7112

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Legacy Health System

Occupation

VP Imaging & OP Svc

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 / 28 / 2011

**Transaction ID : 19503418**

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**B. Mr. Wayne Clark**

Mailing Address 7555 SW Afton Lane

City

Tigard

State

OR

Zip Code

97224-7680

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Legacy Health System

Occupation

VP, Community Relations & Marketing

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 / 28 / 2011

**Transaction ID : 19503420**

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**c. Mr. Kelly C Morgan**

Mailing Address 2700 Stewart Parkway

City

Roseburg

State

OR

Zip Code

97471-1281

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Mercy Medical Center

Occupation

President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 / 28 / 2011

**Transaction ID : 19503439**

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

750.00

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

**A. Mr. Duane Francis**

Mailing Address 1700 East 19th Street

City State Zip Code  
 The Dalles OR 97058-3317

FEC ID number of contributing federal political committee.

C

Name of Employer

Mid-Columbia Medical Center

Occupation

President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 10 28 2011

Transaction ID : 19503440

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**B. Ms. Peggy Allen**

Mailing Address 18839 Roundtree

City State Zip Code  
 Oregon City OR 97045-3920

FEC ID number of contributing federal political committee.

C

Name of Employer

Oregon Association of Hospitals &amp; Heal

Occupation

Director of Finance

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 10 28 2011

Transaction ID : 19503934

Amount of Each Receipt this Period

300.00

Full Name (Last, First, Middle Initial)

**C. Mr. Andrew S Davidson**

Mailing Address 4000 Kruse Way Place, Suite 2-100

City State Zip Code  
 Lake Oswego OR 97035-2543

FEC ID number of contributing federal political committee.

C

Name of Employer

Oregon Association of Hospitals and He

Occupation

President &amp; CEO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 10 28 2011

Transaction ID : 19503935

Amount of Each Receipt this Period

333.36

SUBTOTAL of Receipts This Page (optional)..... ►

883.36

TOTAL This Period (last page this line number only)..... ►

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NAME OF COMMITTEE (In Full)

**American Hospital Association PAC**

Full Name (Last, First, Middle Initial)

**A. Mr. Kevin Earls**

Mailing Address 671 Kingwood Drive NW

City  
Salem

State  
OR

Zip Code  
97304-3656

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Oregon Association of Hospitals & Heal

Occupation

Vice President of Policy and Advocacy

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 / 28 / 2011

**Transaction ID : 19503936**

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**B. Ms. Andrea Easton**

Mailing Address 258 Evergreen Road  
#4

City

Lake Oswego

State

OR

Zip Code

97034-3145

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Oregon Association of Hospitals & Heal

Occupation

Director of Advocacy

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 / 28 / 2011

**Transaction ID : 19503937**

Amount of Each Receipt this Period

166.69

Full Name (Last, First, Middle Initial)

**C. Ms. Linda Lang**

Mailing Address 4000 Kruse Way Place #2-100

City

Lake Oswego

State

OR

Zip Code

97035-2543

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Oregon Association of Hospitals & Heal

Occupation

Director of Member Relations

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 / 28 / 2011

**Transaction ID : 19503938**

Amount of Each Receipt this Period

320.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

986.69

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NAME OF COMMITTEE (In Full)

**American Hospital Association PAC**

Full Name (Last, First, Middle Initial)

**A. Ms. Ellen Lowe**

Mailing Address 901 SW King Avenue #912

City

Portland

State

OR

Zip Code

97205-1313

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Oregon Association of Hospitals & Heal

Occupation

Community Advocate

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

10 / 28 / 2011

**Transaction ID : 19504806**

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**B. Ms. Robin Moody**

Mailing Address 4000 Kruse Way Place  
Building 2, Suite 100

City

Lake Oswego

State

OR

Zip Code

97035-5545

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Oregon Association of Hospitals & Heal

Occupation

Director of Public Policy

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

10 / 28 / 2011

**Transaction ID : 19504807**

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**C. Mr. Andy Van Pelt**

Mailing Address 4000 Kruse Way Place  
Building 2, Suite 100

City

Lake Oswego

State

OR

Zip Code

97035-5545

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Oregon Association of Hospitals & Heal

Occupation

Director of Communications

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

10 / 28 / 2011

**Transaction ID : 19504809**

Amount of Each Receipt this Period

332.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

1082.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**American Hospital Association PAC**

Full Name (Last, First, Middle Initial)

**A. Mr. Timothy Herrmann**

Mailing Address 1965 Alder Street

City

Eugene

State

OR

Zip Code

97405-2937

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Sacred Heart Medical Center at RiverBe

Occupation

Chief Nurse Executive

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

10 / 28 / 2011

**Transaction ID : 19505150**

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**B. Mr. Rick Yecny**

Mailing Address 400 Ninth Street

City

Florence

State

OR

Zip Code

97439-7398

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Peace Harbor Hospital

Occupation

Chief Executive Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

10 / 28 / 2011

**Transaction ID : 19505159**

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**C. Mr. Alan R Yordy**

Mailing Address 14432 SE Eastgate Way, Ste 300

City

Bellevue

State

WA

Zip Code

98007-6493

FEC ID number of contributing  
federal political committee.

C

Name of Employer

PeaceHealth

Occupation

President and Chief Mission Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

10 / 28 / 2011

**Transaction ID : 19505160**

Amount of Each Receipt this Period

500.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

1000.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**American Hospital Association PAC**

Full Name (Last, First, Middle Initial)

**A. Mr. David T Underriner**

Mailing Address 2690 Surrey Lane

City

West Linn

State

OR

Zip Code

97068-2268

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Providence Milwaukie Hospital

Occupation

Interim Administrator

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 / 28 / 2011

**Transaction ID : 19505185**

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**B. Mr. Norman F Gruber**

Mailing Address 665 Winter SE

City

Salem

State

OR

Zip Code

97301-3919

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Salem Health

Occupation

President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 / 28 / 2011

**Transaction ID : 19505186**

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**C. Mr. Richard M Cagen**

Mailing Address 342 Fairview Street

City

Silverton

State

OR

Zip Code

97381-1917

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Silverton Hospital

Occupation

Administrator

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 / 28 / 2011

**Transaction ID : 19505190**

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

1000.00

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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

**American Hospital Association PAC**

Full Name (Last, First, Middle Initial)

**A. Mr. Paul R Stewart**

Mailing Address 2865 Daggett Avenue

City

Klamath Falls

State

OR

Zip Code

97601-1106

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Sky Lakes Medical Center

Occupation

President and Chief Executive Officer

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		28		2011

**Transaction ID : 19505191**

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**B. Mr. James A Wathen**

Mailing Address 900 11th Street SE

City

Bandon

State

OR

Zip Code

97411-9114

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Southern Coos Hospital and Health Cent

Occupation

Chief Executive Officer

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		28		2011

**Transaction ID : 19505192**

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**c. Dr. Rashid Baddoura MD**

Mailing Address 120 Heights Road

City

Ridgewood

State

NJ

Zip Code

07450-2412

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Valley Health System

Occupation

Director

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

375.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		28		2011

**Transaction ID : 19505224**

Amount of Each Receipt this Period

125.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

875.00

**TOTAL** This Period (last page this line number only)..... ►

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NAME OF COMMITTEE (In Full)

**American Hospital Association PAC**

Full Name (Last, First, Middle Initial)

**A. Mr. Kenneth Bateman**

Mailing Address 6 Avalon Court

City

Flemington

State

NJ

Zip Code

08822-3383

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Somerset Medical Center

Occupation

President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 / 28 / 2011

**Transaction ID : 19505229**

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**B. Mr. Thomas A Biga**

Mailing Address 29 Highand Avenue

City

Fair Haven

State

NJ

Zip Code

07704-3620

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Barnabas Health

Occupation

Executive Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 / 28 / 2011

**Transaction ID : 19505232**

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**C. Ms. Hoda Blau**

Mailing Address 401 Long Hill Drive

City

Short Hills

State

NJ

Zip Code

07078-1205

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Barnabas Health

Occupation

Executive Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

262.50

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 / 28 / 2011

**Transaction ID : 19505234**

Amount of Each Receipt this Period

262.50

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

1012.50



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**American Hospital Association PAC**

Full Name (Last, First, Middle Initial)

**A. Mr. Nathan Bosk**

Mailing Address 8 Averstone Road

City

Holland

State

PA

Zip Code

18966-2676

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Capital Health

Occupation

Executive Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

10 / 28 / 2011

Transaction ID : 19505235

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

**B. Dr. John A Brennan**

Mailing Address 3 Castle Court

City

Randolph

State

NJ

Zip Code

07869-2022

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Newark Beth Israel Medical Center

Occupation

Executive Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

10 / 28 / 2011

Transaction ID : 19505237

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**C. Ms. Patricia Carroll**

Mailing Address 334 Park Avenue

City

Rutherford

State

NJ

Zip Code

07070-2722

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Saint Peter's University Hospital

Occupation

Senior Vice President and Chief Operat

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

262.50

Date of Receipt

10 / 28 / 2011

Transaction ID : 19505244

Amount of Each Receipt this Period

87.50

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

437.50

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
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NAME OF COMMITTEE (In Full)

**American Hospital Association PAC**

Full Name (Last, First, Middle Initial)

**A. Mr. Anthony J Cimino**

Mailing Address 4 Terry Court

City

Hamilton

State

NJ

Zip Code

08620-9796

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Robert Wood Johnson University Hospi

Occupation

CEO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1125.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 28 / 2011

**Transaction ID : 19505248**

Amount of Each Receipt this Period

375.00

Full Name (Last, First, Middle Initial)

**B. Mr. J. Scott Clemmensen**

Mailing Address 140 Chilton Road

City

Langhorne

State

PA

Zip Code

19047-8115

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Capital Health

Occupation

Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 28 / 2011

**Transaction ID : 19505251**

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

**C. Mr. Jason C Coe**

Mailing Address 12 Scotts Mountain Road

City

Stewartsville

State

NJ

Zip Code

08886-3016

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Hackettstown Regional Medical Center

Occupation

President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

262.50

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 28 / 2011

**Transaction ID : 19505253**

Amount of Each Receipt this Period

87.50

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

562.50

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
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NAME OF COMMITTEE (In Full)

**American Hospital Association PAC**

Full Name (Last, First, Middle Initial)

**A. Mr. Joseph P Coyle**

Mailing Address 1140 Route 72 West

City

Manahawkin

State

NJ

Zip Code

08050-2412

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Southern Ocean Medical Center

Occupation

President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	28	/	2011

**Transaction ID : 19505260**

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**B. Mr. Gregory D'Adamo**

Mailing Address 33 Brookwood Road

City

Mount Laurel

State

NJ

Zip Code

08054-4714

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Capital Health

Occupation

Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	28	/	2011

**Transaction ID : 19505262**

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

**C. Mr. Larry Di Santo**

Mailing Address 46 Oakmont Road

City

Lakewood

State

NJ

Zip Code

08701-5764

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Capital Health

Occupation

Executive Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	28	/	2011

**Transaction ID : 19505269**

Amount of Each Receipt this Period

100.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

450.00

**TOTAL** This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**American Hospital Association PAC**

Full Name (Last, First, Middle Initial)

**A. Mr. Peter Diestel**

Mailing Address 279 Brookside Avenue

City

Allendale

State

NJ

Zip Code

07401-1848

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Valley Hospital

Occupation

Senior Vice President and Chief Operat

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

375.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 / 28 / 2011

**Transaction ID : 19505270**

Amount of Each Receipt this Period

125.00

Full Name (Last, First, Middle Initial)

**B. Ms. Linda Dite**

Mailing Address 1236 Madison Drive

City

Yardley

State

PA

Zip Code

19067-4323

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Capital Health

Occupation

Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 / 28 / 2011

**Transaction ID : 19505272**

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

**C. Mr. John Doll**

Mailing Address 213 Burns Way

City

Fanwood

State

NJ

Zip Code

07023-1607

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Barnabas Health

Occupation

Vice President of Finance

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

262.50

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 / 28 / 2011

**Transaction ID : 19505274**

Amount of Each Receipt this Period

87.50

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

312.50

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**American Hospital Association PAC**

Full Name (Last, First, Middle Initial)

**A. Dr. Dennis J Dooley MD**

Mailing Address 63 Dogwood Lane

City

Newtown

State

PA

Zip Code

18940-9653

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Capital Health

Occupation

Vice President Planning and Developmen

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 / 28 / 2011

**Transaction ID : 19505276**

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

**B. Mr. Douglas A Duchak**

Mailing Address 350 Engle Street

City

Englewood

State

NJ

Zip Code

07631-1808

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Englewood Hospital and Medical Center

Occupation

President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

875.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 / 28 / 2011

**Transaction ID : 19505277**

Amount of Each Receipt this Period

125.00

Full Name (Last, First, Middle Initial)

**C. Ms. Theresa L. Edelstein**

Mailing Address 27 Harvest Lane

City

Livingston

State

NJ

Zip Code

07039-2750

FEC ID number of contributing  
federal political committee.

C

Name of Employer

New Jersey Hospital Association

Occupation

Vice President Continuing Care Service

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

320.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 / 28 / 2011

**Transaction ID : 19505279**

Amount of Each Receipt this Period

105.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

330.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**American Hospital Association PAC**

Full Name (Last, First, Middle Initial)

**A. Mr. Shane F. Fleming**

Mailing Address 1308 Jankowski Court

City

South Plainfield

State

NJ

Zip Code

07080-2450

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Capital Health

Occupation

Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

10 / 28 / 2011

**Transaction ID : 19505288**

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

**B. Mr. Matthew Fulton**

Mailing Address 125 Oak Ridge Avenue

City

Summit

State

NJ

Zip Code

07901-4308

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Barnabas Health

Occupation

Senior Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

262.50

Date of Receipt

10 / 28 / 2011

**Transaction ID : 19505295**

Amount of Each Receipt this Period

87.50

Full Name (Last, First, Middle Initial)

**C. Mr. Jan Gabin**

Mailing Address 511 Liberty Drive

City

Yardley

State

PA

Zip Code

19067-4510

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Capital Health

Occupation

General Counsel

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

10 / 28 / 2011

**Transaction ID : 19505296**

Amount of Each Receipt this Period

100.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

287.50

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**American Hospital Association PAC**

Full Name (Last, First, Middle Initial)

**A. Mr Eugene Grochala**

Mailing Address 3 Barto Way

City

Robbinsville

State

NJ

Zip Code

08691-2421

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Capital Health

Occupation

Vice President Information Systems

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 / 28 / 2011

**Transaction ID : 19505310**

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

**B. Mr. Ronald J. Guy**

Mailing Address 104 Route 545

City

Chesterfield

State

NJ

Zip Code

08515-1727

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Capital Health

Occupation

Chief Financial Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 / 28 / 2011

**Transaction ID : 19505312**

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

**C. Ms. Lori Herndon**

Mailing Address 902 North Shore Drive

City

Brigantine

State

NJ

Zip Code

08203-2718

FEC ID number of contributing  
federal political committee.

C

Name of Employer

AtlantiCare Regional Medical Center

Occupation

President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

375.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 / 28 / 2011

**Transaction ID : 19505318**

Amount of Each Receipt this Period

125.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

325.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**American Hospital Association PAC**

Full Name (Last, First, Middle Initial)

**A. Mr. Fred L Hipp Jr.**

Mailing Address 1011 Deacon Road

City

Hainesport

State

NJ

Zip Code

08036-3610

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Virtua Health

Occupation

Vice President Government Relations

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

750.00

Date of Receipt

10 / 28 / 2011

**Transaction ID : 19505320**

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**B. Mr. Leslie D Hirsch**

Mailing Address 25 Pocono Road

City

Denville

State

NJ

Zip Code

07834-2954

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Saint Clare's Health System

Occupation

President and Chief Executive Officer

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

750.00

Date of Receipt

10 / 28 / 2011

**Transaction ID : 19505321**

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**C. Ms. Aline M. Holmes**

Mailing Address 19 Ashford Drive

City

Plainsboro

State

NJ

Zip Code

08536-3632

FEC ID number of contributing  
federal political committee.

C

Name of Employer

New Jersey Hospital Association

Occupation

Senior VP, Clinical Affairs

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

1500.00

Date of Receipt

10 / 28 / 2011

**Transaction ID : 19505324**

Amount of Each Receipt this Period

500.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

1000.00



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

**A. Mr. Sean J. Hopkins**

Mailing Address 6180 Lower Mountain Road

City	State	Zip Code
New Hope	PA	18938-5760

FEC ID number of contributing federal political committee.

C

Name of Employer  
New Jersey Hospital Association

Occupation  
Sr. VP., Health Economics

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

486.48

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		28		2011

Transaction ID : 19505325

Amount of Each Receipt this Period

146.87

Full Name (Last, First, Middle Initial)

**B. Mr. Gary S Horan**

Mailing Address 1206 Hemlock Avenue

City	State	Zip Code
Sea Girt	NJ	08750-1720

FEC ID number of contributing federal political committee.

C

Name of Employer  
Trinitas Regional Medical Center

Occupation  
President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		28		2011

Transaction ID : 19505327

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**C. Mr. E. Joseph Hummel Jr.**

Mailing Address 1 West South 31st Street

City	State	Zip Code
Long Beach Township	NJ	08008-2680

FEC ID number of contributing federal political committee.

C

Name of Employer  
Meridian Health

Occupation  
Vice President/CSO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

262.50

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		28		2011

Transaction ID : 19505331

Amount of Each Receipt this Period

87.50

SUBTOTAL of Receipts This Page (optional)..... ►

484.37

TOTAL This Period (last page this line number only)..... ►

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NAME OF COMMITTEE (In Full)

**American Hospital Association PAC**

Full Name (Last, First, Middle Initial)

**A. Dr. Adam Jarrett**

Mailing Address 1064 Westwood Avenue

City

Old Tappan

State

NJ

Zip Code

07675-7211

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Holy Name Medical Center

Occupation

CMO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

375.00

Date of Receipt

10 / 28 / 2011

Transaction ID : 19505335

Amount of Each Receipt this Period

125.00

Full Name (Last, First, Middle Initial)

**B. Mr. Stephen K Jones**

Mailing Address 1 Robert Wood Johnson Place

City

New Brunswick

State

NJ

Zip Code

08901-1928

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Robert Wood Johnson University Hospi

Occupation

President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1500.00

Date of Receipt

10 / 28 / 2011

Transaction ID : 19505337

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**C. Mr. Daniel A Kane**

Mailing Address 40 Palisades Avenue

City

Cresskill

State

NJ

Zip Code

07626-2118

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Bayonne Medical Center

Occupation

President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

375.00

Date of Receipt

10 / 28 / 2011

Transaction ID : 19505339

Amount of Each Receipt this Period

125.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

750.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**American Hospital Association PAC**

Full Name (Last, First, Middle Initial)

**A. Mr. Richard J Kathrins**

Mailing Address 1442 Saurigvon Drive

City

Toms River

State

NJ

Zip Code

08753

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Bacharach Institute for Rehabilitation

Occupation

President and Chief Executive Officer

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

750.00

Date of Receipt

10 / 28 / 2011

Transaction ID : 19505341

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**B. Mr. Joseph M Lemaire**

Mailing Address 280 Autumn Terrace

City

Franklin Lakes

State

NJ

Zip Code

07417-2716

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Holy Name Medical Center

Occupation

Executive Vice President and Chief Fin

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

375.00

Date of Receipt

10 / 28 / 2011

Transaction ID : 19505359

Amount of Each Receipt this Period

125.00

Full Name (Last, First, Middle Initial)

**C. Mr. Steven G Littleson**

Mailing Address 55 Fairhaven Road

City

Fair Haven

State

NJ

Zip Code

07704-3305

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Jersey Shore University Medical Center

Occupation

President

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

1500.00

Date of Receipt

10 / 28 / 2011

Transaction ID : 19505360

Amount of Each Receipt this Period

500.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

875.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**American Hospital Association PAC**

Full Name (Last, First, Middle Initial)

**A. Mr. John K Lloyd**

Mailing Address 1350 Campus Parkway

City

Wall Township

State

NJ

Zip Code

07753-6821

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Meridian Health

Occupation

President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1500.00

Date of Receipt

MM / DD / YYYY  
10 / 28 / 2011

**Transaction ID : 19505361**

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**B. Dr. Al Maghazehe**

Mailing Address 314 Stoney Ford Road

City

Holland

State

PA

Zip Code

18966-2510

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Capital Health

Occupation

Chief Executive Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1828.50

Date of Receipt

MM / DD / YYYY  
10 / 28 / 2011

**Transaction ID : 19505364**

Amount of Each Receipt this Period

609.50

Full Name (Last, First, Middle Initial)

**C. Ms. Amy B Mansue**

Mailing Address 200 Somerset Street

City

New Brunswick

State

NJ

Zip Code

08901-1942

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Children's Specialized Hospital

Occupation

President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1500.00

Date of Receipt

MM / DD / YYYY  
10 / 28 / 2011

**Transaction ID : 19505365**

Amount of Each Receipt this Period

500.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

1609.50

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**American Hospital Association PAC**

Full Name (Last, First, Middle Initial)

**A. Mr. Michael Maron**

Mailing Address 718 Teaneck Road

City

Teaneck

State

NJ

Zip Code

07666-4245

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Holy Name Medical Center

Occupation

President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 / 28 / 2011

**Transaction ID : 19505367**

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**B. Mr. William A McDonald**

Mailing Address 703 Main Street

City

Paterson

State

NJ

Zip Code

07503-2621

FEC ID number of contributing  
federal political committee.

C

Name of Employer

St. Joseph's Regional Medical Center

Occupation

President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 / 28 / 2011

**Transaction ID : 19505370**

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**C. Mr. David Mebane**

Mailing Address 712 Forest Avenue

City

Westfield

State

NJ

Zip Code

07090-4323

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Kimball Medical Center

Occupation

Vice President Legal Affairs

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 / 28 / 2011

**Transaction ID : 19505374**

Amount of Each Receipt this Period

75.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

825.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**American Hospital Association PAC**

Full Name (Last, First, Middle Initial)

## **A. Ms. Audrey Meyers**

Mailing Address 223 North Van Dien Avenue

City

Ridgewood

State

NJ

Zip Code

07450-2726

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Valley Hospital

Occupation

President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 / 28 / 2011

**Transaction ID : 19505376**

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

## **B. Mr. Stephen Miller**

Mailing Address 1939 Maplewood Avenue

City

Abington

State

PA

Zip Code

19001-1107

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Capital Health

Occupation

CCO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 / 28 / 2011

**Transaction ID : 19505381**

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

## **C. Ms. Patricia Ostaszewski**

Mailing Address 54 Bay Way

City

Brick

State

NJ

Zip Code

08723-7361

FEC ID number of contributing  
federal political committee.

C

Name of Employer

HEALTHSOUTH Rehabilitation Hospital of

Occupation

Chief Executive Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 / 28 / 2011

**Transaction ID : 19505394**

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

850.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**American Hospital Association PAC**

Full Name (Last, First, Middle Initial)

**A. Mr. Ronald Rak**

Mailing Address 34 Federal City Road

City  
Ewing

State  
NJ

Zip Code  
08638-1321

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Saint Peter's University Hospital

Occupation

President & CEO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1125.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 / 28 / 2011

**Transaction ID : 19505404**

Amount of Each Receipt this Period

375.00

Full Name (Last, First, Middle Initial)

**B. Dr Joseph Reichman MD**

Mailing Address 121 Barton Avenue

City

Voorhees

State

NJ

Zip Code

08043-4699

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Meridian Health

Occupation

Chief Management Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

262.50

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 / 28 / 2011

**Transaction ID : 19505406**

Amount of Each Receipt this Period

87.50

Full Name (Last, First, Middle Initial)

**c. Dr. Robert Remstein DO**

Mailing Address 750 Brunswick Avenue

City

Trenton

State

NJ

Zip Code

08638-4143

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Capital Health

Occupation

Vice President Medical Affairs

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 / 28 / 2011

**Transaction ID : 19505407**

Amount of Each Receipt this Period

100.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

562.50

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**American Hospital Association PAC**

Full Name (Last, First, Middle Initial)

**A. Sidney D. Seligman**

Mailing Address 321 Wyoming Ave  
Apt 2D

City State Zip Code  
South Orange NJ 07079-1603

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Barnabas Health

Occupation

SVP Human Resources

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 28 / 2011

**Transaction ID : 19505425**

Amount of Each Receipt this Period

75.00

Full Name (Last, First, Middle Initial)

**B. Mr. Thomas J Senker**

Mailing Address 175 High Street

City State Zip Code  
Newton NJ 07860-1004

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Newton Medical Center

Occupation

President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 28 / 2011

**Transaction ID : 19505426**

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**C. Mr. John P Sheridan Jr**

Mailing Address 49 Meadow Run Drive

City State Zip Code  
Skillman NJ 08558-1711

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Cooper Health System

Occupation

President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

375.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 28 / 2011

**Transaction ID : 19505428**

Amount of Each Receipt this Period

125.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

450.00



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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

**A. Mr. Michael J. Sniffen**

Mailing Address 47 Murray Hill Square

City State Zip Code  
 New Providence NJ 07974-1531

FEC ID number of contributing federal political committee.

C

Name of Employer

St. Mary's Hospital

Occupation

President &amp; CEO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 10 28 2011

Transaction ID : 19505431

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**B. Mr. David P Tilton**

Mailing Address 2500 English Creek Avenue, Buildin

City State Zip Code  
 Egg Harbor Township NJ 08234-5549

FEC ID number of contributing federal political committee.

C

Name of Employer

AtlantiCare

Occupation

President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 10 28 2011

Transaction ID : 19505440

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**C. Dr. Joseph A Trunfio**

Mailing Address 10 Eagle Rock Drive

City State Zip Code  
 Boonton Township NJ 07005-9520

FEC ID number of contributing federal political committee.

C

Name of Employer

Atlantic Health

Occupation

President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 10 28 2011

Transaction ID : 19505441

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)..... ►

1000.00

TOTAL This Period (last page this line number only)..... ►

**SCHEDULE A (FEC Form 3X)**  
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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

**American Hospital Association PAC**

Full Name (Last, First, Middle Initial)

**A. Ms. Rachel Weiss**

Mailing Address 1500 Bay Plaza

City

Wall Township

State

NJ

Zip Code

07719-3907

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Meridian Health

Occupation

Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		28		2011

**Transaction ID : 19505449**

Amount of Each Receipt this Period

25.00

Full Name (Last, First, Middle Initial)

**B. Mr. Robert P Wise**

Mailing Address 2100 Wescott Drive

City

Flemington

State

NJ

Zip Code

08822-4603

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Hunterdon Medical Center

Occupation

President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		28		2011

**Transaction ID : 19505452**

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**C. Mr. Joseph Yallowitz MD**

Mailing Address 18 Skyline Drive

City

Upper Saddle River

State

NJ

Zip Code

07458-2028

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Valley Hospital

Occupation

Medical Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

262.50

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		28		2011

**Transaction ID : 19505454**

Amount of Each Receipt this Period

87.50

**SUBTOTAL** of Receipts This Page (optional)..... ►

362.50

**TOTAL** This Period (last page this line number only)..... ►

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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NAME OF COMMITTEE (In Full)

**American Hospital Association PAC**

Full Name (Last, First, Middle Initial)

**A. Ms. Deborah Zastocki**

Mailing Address 97 West Parkway

City

Pompton Plains

State

NJ

Zip Code

07444-1647

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Chilton Memorial Hospital

Occupation

President and Chief Executive Officer

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		28		2011

**Transaction ID : 19505459**

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**B. Mr. David S Spillers**

Mailing Address 101 Sivley Road

City

Huntsville

State

AL

Zip Code

35801-4421

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Huntsville Hospital

Occupation

Chief Executive Officer

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		25		2011

**Transaction ID : 19505461**

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**C. Mr. George Thompson III**

Mailing Address 1916 S. Hull Street

City

Montgomery

State

AL

Zip Code

36104-5625

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Jackson Hospital and Clinic

Occupation

Board Member

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		25		2011

**Transaction ID : 19505462**

Amount of Each Receipt this Period

500.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

1250.00

**TOTAL** This Period (last page this line number only)..... ►

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NAME OF COMMITTEE (In Full)

**American Hospital Association PAC**

Full Name (Last, First, Middle Initial)

**A. Dr. Michael Waldrum**

Mailing Address 619 19th Street South

City

Birmingham

State

AL

Zip Code

35249-1900

FEC ID number of contributing  
federal political committee.

C

Name of Employer

University of Alabama Hospital

Occupation

Chief Executive Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 / 25 / 2011

**Transaction ID : 19505463**

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**B. Mr. Reid F Jones**

Mailing Address 7634 Cottonridge Rd

City

Trussville

State

AL

Zip Code

35173-2607

FEC ID number of contributing  
federal political committee.

C

Name of Employer

UAB Health System

Occupation

Executive -VP UAHSF

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 / 25 / 2011

**Transaction ID : 19505464**

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**C. Dr. William Ferniany Ph.D.**

Mailing Address 132 Queensberry Crescent

City

Mountain Brk

State

AL

Zip Code

35223-2906

FEC ID number of contributing  
federal political committee.

C

Name of Employer

UAB Health System

Occupation

Chief Executive Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 / 25 / 2011

**Transaction ID : 19505465**

Amount of Each Receipt this Period

1000.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

2000.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**American Hospital Association PAC**

Full Name (Last, First, Middle Initial)

**A. Ms. Theresa L. Edelstein**

Mailing Address 27 Harvest Lane

City

Livingston

State

NJ

Zip Code

07039-2750

FEC ID number of contributing  
federal political committee.

C

Name of Employer

New Jersey Hospital Association

Occupation

Vice President Continuing Care Service

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

215.00

Date of Receipt

10 / 21 / 2011

Transaction ID : 19505486

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

**B. Ms. Lori Herndon**

Mailing Address 902 North Shore Drive

City

Brigantine

State

NJ

Zip Code

08203-2718

FEC ID number of contributing  
federal political committee.

C

Name of Employer

AtlantiCare Regional Medical Center

Occupation

President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

10 / 21 / 2011

Transaction ID : 19505496

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**C. Mr. Sean J. Hopkins**

Mailing Address 6180 Lower Mountain Road

City

New Hope

State

PA

Zip Code

18938-5760

FEC ID number of contributing  
federal political committee.

C

Name of Employer

New Jersey Hospital Association

Occupation

Sr. VP., Health Economics

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

339.61

Date of Receipt

10 / 21 / 2011

Transaction ID : 19505498

Amount of Each Receipt this Period

30.42

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

300.42

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**American Hospital Association PAC**

Full Name (Last, First, Middle Initial)

## **A. Ms. Trish Hannon**

Mailing Address 125 Parker Hill Avenue

City

Roxbury Crossing

State

MA

Zip Code

02120-2847

FEC ID number of contributing  
federal political committee.

C

Name of Employer

New England Baptist Hospital

Occupation

President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

375.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 28 / 2011

**Transaction ID : 19505531**

Amount of Each Receipt this Period

375.00

Full Name (Last, First, Middle Initial)

## **B. Mr. Joseph Maher**

Mailing Address 10 Whittemore Street

City

West Roxbury

State

MA

Zip Code

02132-2504

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Steward Health Care System, LLC

Occupation

Executive VP, General Counsel

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

262.50

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 28 / 2011

**Transaction ID : 19505532**

Amount of Each Receipt this Period

262.50

Full Name (Last, First, Middle Initial)

## **C. Mr. David L Gray**

Mailing Address 4000 Kresge Way

City

Louisville

State

KY

Zip Code

40207-4605

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Baptist Hospital East

Occupation

President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 17 / 2011

**Transaction ID : 19505557**

Amount of Each Receipt this Period

500.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

1137.50

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**American Hospital Association PAC**

Full Name (Last, First, Middle Initial)

**A. Mr. Ronald Farr**

Mailing Address 200 Abraham Flexner Way

City

Louisville

State

KY

Zip Code

40202-2877

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Jewish Hospital & St. Mary's HealthCar

Occupation

Senior Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

10 / 17 / 2011

**Transaction ID : 19505560**

Amount of Each Receipt this Period

300.00

Full Name (Last, First, Middle Initial)

**B. Mr. Bruce A. Klockars**

Mailing Address PO Box 7

City

Mount Sterling

State

KY

Zip Code

40353-0007

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Saint Joseph Mount Sterling

Occupation

President and CEO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

10 / 17 / 2011

**Transaction ID : 19505565**

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**c. Dr. Michael Karpf MD**

Mailing Address 800 Rose Street

City

Lexington

State

KY

Zip Code

40536-0001

FEC ID number of contributing  
federal political committee.

C

Name of Employer

UK HealthCare

Occupation

Executive Vice President Health Affair

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

10 / 17 / 2011

**Transaction ID : 19505569**

Amount of Each Receipt this Period

350.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

1150.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**American Hospital Association PAC**

Full Name (Last, First, Middle Initial)

**A. Dr. Webster B. Trammell**

Mailing Address 300 Second Avenue

City

State

Zip Code

Long Branch

NJ

07740-6303

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Monmouth Medical Center

Occupation

Chair of the Board

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

262.50

Date of Receipt

10 / 28 / 2011

Transaction ID : 19505761

Amount of Each Receipt this Period

87.50

Full Name (Last, First, Middle Initial)

**B. Ms. Marlene Weatherwax**

Mailing Address 6906 S. Five Points Road

City

State

Zip Code

Indianapolis

IN

46259-9754

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Columbus Regional Hospital

Occupation

Vice President & Chief Financial Offic

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

10 / 06 / 2011

Transaction ID : 19506994

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**c. Mr. Danny L Boggs**

Mailing Address 1025 Center Street

City

State

Zip Code

Ashland

OH

44805-4011

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Samaritan Regional Health System

Occupation

President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

10 / 27 / 2011

Transaction ID : 19589400

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

587.50



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**American Hospital Association PAC**

Full Name (Last, First, Middle Initial)

## **A. Mr. Jeffrey Brickman**

Mailing Address 333 North Madison Street

City

Joliet

State

IL

Zip Code

60435-8200

FEC ID number of contributing  
federal political committee.

C

Name of Employer

St. Anthony Central Hospital

Occupation

President & Chief Executive Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

10 / 11 / 2011

**Transaction ID : 19663085**

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

## **B. Ms. Melinda Reid Hatton**

Mailing Address 325 Seventh Street, NW  
Suite 700

City

Washington

State

DC

Zip Code

20004-2818

FEC ID number of contributing  
federal political committee.

C

Name of Employer

American Hospital Association-Washingt

Occupation

Senior Vice President & General Course

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

840.00

Date of Receipt

10 / 31 / 2011

**Transaction ID : PR1045726225588**

Amount of Each Receipt this Period

80.00

P/R Deduction (\$40.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

## **C. Mr. David Schulke**

Mailing Address 325 Seventh Street, NW  
Suite 700

City

Washington

State

DC

Zip Code

20004-2801

FEC ID number of contributing  
federal political committee.

C

Name of Employer

American Hospital Association-Washingt

Occupation

VP Research Programs

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

840.00

Date of Receipt

10 / 31 / 2011

**Transaction ID : PR1057462125588**

Amount of Each Receipt this Period

80.00

P/R Deduction (\$40.00 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

660.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**American Hospital Association PAC**

Full Name (Last, First, Middle Initial)

## **A. Ms. Sarah Berk**

Mailing Address 325 Seventh Street, NW  
Suite 700

City Washington State DC Zip Code 20004-2818

FEC ID number of contributing  
federal political committee.

C

Name of Employer

American Hospital Association-Washingt

Occupation

Senior Associate Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

294.00

Date of Receipt

10 / 31 / 2011

**Transaction ID : PR1082532725588**

Amount of Each Receipt this Period

28.00

P/R Deduction (\$14.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

## **B. Ms. Barbara Jellen**

Mailing Address 325 Seventh Street, NW  
Suite 700

City Washington State DC Zip Code 20004-2818

FEC ID number of contributing  
federal political committee.

C

Name of Employer

American Hospital Association-Washingt

Occupation

Section Director, Constituency Section

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

294.00

Date of Receipt

10 / 31 / 2011

**Transaction ID : PR1113464225588**

Amount of Each Receipt this Period

28.00

P/R Deduction (\$14.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

## **C. Ms. Lisa Allen**

Mailing Address One North Franklin

City Chicago State IL Zip Code 60606-3436

FEC ID number of contributing  
federal political committee.

C

Name of Employer

American Hospital Association-Chicago

Occupation

Sr. Vice President, Chief Human Resour

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

294.00

Date of Receipt

10 / 31 / 2011

**Transaction ID : PR1118928225588**

Amount of Each Receipt this Period

28.00

P/R Deduction (\$14.00 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

84.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**American Hospital Association PAC**

Full Name (Last, First, Middle Initial)

## **A. Ms. Mary Meadows**

Mailing Address One North Franklin

City

Chicago

State

IL

Zip Code

60606-3436

FEC ID number of contributing  
federal political committee.

C

Name of Employer

American Hospital Association-Chicago

Occupation

Director of Professional Practice, AON

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

294.00

Date of Receipt

10 / 31 / 2011

Transaction ID : PR1260472925588

Amount of Each Receipt this Period

28.00

P/R Deduction (\$14.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

## **B. Ms. Elizabeth Baskett**

Mailing Address 325 Seventh Street, NW

City

Washington

State

DC

Zip Code

20004-2802

FEC ID number of contributing  
federal political committee.

C

Name of Employer

American Hospital Association-Washingt

Occupation

Associate Director, Policy

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

294.00

Date of Receipt

10 / 31 / 2011

Transaction ID : PR1332167425588

Amount of Each Receipt this Period

28.00

P/R Deduction (\$14.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

## **C. Mr. James Wadzinski**

Mailing Address One North Franklin

City

Chicago

State

IL

Zip Code

60606-3436

FEC ID number of contributing  
federal political committee.

C

Name of Employer

American Hospital Association-Chicago

Occupation

Vice President Account Services

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

420.00

Date of Receipt

10 / 31 / 2011

Transaction ID : PR1347703425588

Amount of Each Receipt this Period

40.00

P/R Deduction (\$20.00 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

96.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

**A. Mr. Jack A. Mackay**

Mailing Address One North Franklin

City

Chicago

State

IL

Zip Code

60606-3436

FEC ID number of contributing  
federal political committee.

C

Name of Employer

American Hospital Association-Chicago

Occupation

Vice President &amp; CIO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 / 31 / 2011

Transaction ID : PR1347703625588

Amount of Each Receipt this Period

40.00

P/R Deduction (\$20.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

**B. Ms. Susan Gergely**

Mailing Address One North Franklin

City

Chicago

State

IL

Zip Code

60606-3436

FEC ID number of contributing  
federal political committee.

C

Name of Employer

American Hospital Association-Chicago

Occupation

Director of Operations, AONE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

294.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 / 31 / 2011

Transaction ID : PR1347791025588

Amount of Each Receipt this Period

28.00

P/R Deduction (\$14.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

**C. Ms. Heather Drevna**

Mailing Address 3205 Ravensworth PL

City

Alexandria

State

VA

Zip Code

22302-2107

FEC ID number of contributing  
federal political committee.

C

Name of Employer

American Hospital Association-Washingt

Occupation

Director Advocacy and Member Communica

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

286.40

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 / 31 / 2011

Transaction ID : PR1348169725588

Amount of Each Receipt this Period

31.80

P/R Deduction (\$15.90 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ►

99.80

TOTAL This Period (last page this line number only)..... ►

**SCHEDULE A (FEC Form 3X)**  
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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

**A. Ms. Sharon Allen**

Mailing Address 155 North Wacker Drive

City	State	Zip Code
Chicago	IL	60606-1709

FEC ID number of contributing federal political committee.

C

Name of Employer

American Hospital Association-Chicago

Occupation

Membership and Marketing Manager ASHHR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

294.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		31		2011

Transaction ID : PR1474886225588

Amount of Each Receipt this Period

28.00

P/R Deduction (\$14.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

**B. Mr. Mark Colucci**

Mailing Address 1061 N Penny Ln

City	State	Zip Code
Palatine	IL	60067-1821

FEC ID number of contributing federal political committee.

C

Name of Employer

American Hospital Association-Chicago

Occupation

National Director Sponsorship and Unde

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

420.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		31		2011

Transaction ID : PR1475133725588

Amount of Each Receipt this Period

40.00

P/R Deduction (\$20.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

**C. Ms. Stephanie H. Drake**

Mailing Address One North Franklin

City	State	Zip Code
Chicago	IL	60606-3436

FEC ID number of contributing federal political committee.

C

Name of Employer

American Hospital Association-Chicago

Occupation

Associate Executive Director - ASHHRA

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

836.68

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		31		2011

Transaction ID : PR1492459925588

Amount of Each Receipt this Period

81.66

P/R Deduction (\$40.83 Bi-Weekly)

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149.66

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**American Hospital Association PAC**

Full Name (Last, First, Middle Initial)

**A. Ms. Monica D Day**

Mailing Address 10224 Prince Place #205

City

Largo

State

MD

Zip Code

20774-1210

FEC ID number of contributing  
federal political committee.

C

Name of Employer

American Hospital Association-Washingt

Occupation

Political Affairs Coordinator

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

294.00

Date of Receipt

10 / 31 / 2011

**Transaction ID : PR1516850625588**

Amount of Each Receipt this Period

28.00

P/R Deduction (\$14.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

**B. Ms. Elisa Arespachaga**

Mailing Address One North Franklin

City

Chicago

State

IL

Zip Code

60606-3436

FEC ID number of contributing  
federal political committee.

C

Name of Employer

American Hospital Association-Chicago

Occupation

Associate Director, Constituency Secti

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

294.00

Date of Receipt

10 / 31 / 2011

**Transaction ID : PR1555656225588**

Amount of Each Receipt this Period

28.00

P/R Deduction (\$14.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

**C. Mr. Clinton S. Manning**

Mailing Address 325 Seventh Street, NW  
Suite 700

City

Washington

State

DC

Zip Code

20004-2802

FEC ID number of contributing  
federal political committee.

C

Name of Employer

American Hospital Association-Washingt

Occupation

Asst. Director Advocacy & Member Commu

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

294.00

Date of Receipt

10 / 31 / 2011

**Transaction ID : PR1555656525588**

Amount of Each Receipt this Period

28.00

P/R Deduction (\$14.00 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

84.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

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(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**American Hospital Association PAC**

Full Name (Last, First, Middle Initial)

## **A. Ms. Kathy Poole**

Mailing Address One North Franklin

City

Chicago

State

IL

Zip Code

60606-3436

FEC ID number of contributing  
federal political committee.

C

Name of Employer

American Hospital Association-Chicago

Occupation

Director, Governance Projects

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

294.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 / 31 / 2011

**Transaction ID : PR1589439925588**

Amount of Each Receipt this Period

28.00

P/R Deduction (\$14.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

## **B. Ms. Kimberly Baker**

Mailing Address One North Franklin

City

Chicago

State

IL

Zip Code

60606-3436

FEC ID number of contributing  
federal political committee.

C

Name of Employer

American Hospital Association-Chicago

Occupation

Director Travel Meeting Services

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

294.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 / 31 / 2011

**Transaction ID : PR1590809125588**

Amount of Each Receipt this Period

28.00

P/R Deduction (\$14.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

## **C. Mr. Robert Kehoe**

Mailing Address One North Franklin

City

Chicago

State

IL

Zip Code

60606-3436

FEC ID number of contributing  
federal political committee.

C

Name of Employer

American Hospital Association-Chicago

Occupation

Associate Publisher Vertical Magazines

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

294.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 / 31 / 2011

**Transaction ID : PR1625368325588**

Amount of Each Receipt this Period

28.00

P/R Deduction (\$14.00 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

84.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 136 OF 178

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

**American Hospital Association PAC**

Full Name (Last, First, Middle Initial)

**A. Mr. Stephen Hines**

Mailing Address 155 North Wacker Drive

City

Chicago

State

IL

Zip Code

60606-1709

FEC ID number of contributing  
federal political committee.

C

Name of Employer

American Hospital Association-Chicago

Occupation

VP, Research HRET

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

294.00

Date of Receipt

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
10				31				2011					

**Transaction ID : PR1648726625588**

Amount of Each Receipt this Period

28.00

P/R Deduction (\$14.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

**B. Ms. Lisa Grabert**Mailing Address 325 Seventh Street, NW  
Suite 700

City

Washington

State

DC

Zip Code

20004-2801

FEC ID number of contributing  
federal political committee.

C

Name of Employer

American Hospital Association-Washingt

Occupation

Senior Associate Director, Policy

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

840.00

Date of Receipt

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
10				31				2011					

**Transaction ID : PR1671258625588**

Amount of Each Receipt this Period

80.00

P/R Deduction (\$40.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

**C. Mr Robert P. David**

Mailing Address One North Franklin

City

Chicago

State

IL

Zip Code

60606-3436

FEC ID number of contributing  
federal political committee.

C

Name of Employer

American Hospital Association-Chicago

Occupation

Regional Executive

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

840.00

Date of Receipt

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
10				31				2011					

**Transaction ID : PR1677512425588**

Amount of Each Receipt this Period

80.00

P/R Deduction (\$40.00 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional)..... ►

188.00

**TOTAL** This Period (last page this line number only)..... ►



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**American Hospital Association PAC**

Full Name (Last, First, Middle Initial)

## **A. Mr. Erik Rasmussen**

Mailing Address 325 Seventh Street, NW  
Suite 700

City Washington State DC Zip Code 20004-2801

FEC ID number of contributing  
federal political committee.

C

Name of Employer

American Hospital Association-Washingt

Occupation

Senior Associate Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

840.00

Date of Receipt

10 / 31 / 2011

**Transaction ID : PR1819487925588**

Amount of Each Receipt this Period

80.00

P/R Deduction (\$40.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

## **B. Ms. Linda Fishman**

Mailing Address 325 Seventh Street, NW  
Suite 700

City Washington State DC Zip Code 20004-2818

FEC ID number of contributing  
federal political committee.

C

Name of Employer

American Hospital Association-Washingt

Occupation

Senior Vice President, Public Policy

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

840.00

Date of Receipt

10 / 31 / 2011

**Transaction ID : PR327629125588**

Amount of Each Receipt this Period

80.00

P/R Deduction (\$40.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

## **C. Mr. Michael P. McCue**

Mailing Address 122 N. Greenwood Avenue

City Park Ridge State IL Zip Code 60068-3227

FEC ID number of contributing  
federal political committee.

C

Name of Employer

American Hospital Association-Chicago

Occupation

Associate Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

420.00

Date of Receipt

10 / 31 / 2011

**Transaction ID : PR327771625588**

Amount of Each Receipt this Period

40.00

P/R Deduction (\$20.00 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional)..... ►

200.00

**TOTAL** This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
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☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**American Hospital Association PAC**

Full Name (Last, First, Middle Initial)

**A. Ms. Suzanne R. Sonik**

Mailing Address One North Franklin

City

Chicago

State

IL

Zip Code

60606-3436

FEC ID number of contributing  
federal political committee.

C

Name of Employer

American Hospital Association-Chicago

Occupation

Director, Long-Term Care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

294.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 / 31 / 2011

**Transaction ID : PR327777225588**

Amount of Each Receipt this Period

28.00

P/R Deduction (\$14.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

**B. Ms. Debra J. Stock**

Mailing Address 1022 S. Harvey Avenue

City

Oak Park

State

IL

Zip Code

60304-2132

FEC ID number of contributing  
federal political committee.

C

Name of Employer

American Hospital Association-Chicago

Occupation

Vice President, Member Relations

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

840.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 / 31 / 2011

**Transaction ID : PR327777825588**

Amount of Each Receipt this Period

80.00

P/R Deduction (\$40.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

**C. Mr. Neil J. Jesuele**

Mailing Address 1003 Kimberly Place

City

Great Falls

State

VA

Zip Code

22066-1546

FEC ID number of contributing  
federal political committee.

C

Name of Employer

American Hospital Association-Washingt

Occupation

Executive Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

420.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 / 31 / 2011

**Transaction ID : PR327801725588**

Amount of Each Receipt this Period

40.00

P/R Deduction (\$20.00 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

148.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

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PAGE 139 OF 178

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**American Hospital Association PAC**

Full Name (Last, First, Middle Initial)

## **A. Ms. Pamela Austin Thompson RN, MSN**

Mailing Address 325 Seventh Street, NW  
Suite 700

City Washington State DC Zip Code 20004-2818

FEC ID number of contributing  
federal political committee.

C

Name of Employer

American Hospital Association-Washingt

Occupation

Chief Executive Officer, AONE & Sr. Vi

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

840.00

Date of Receipt

10 / 31 / 2011

**Transaction ID : PR327812025588**

Amount of Each Receipt this Period

80.00

P/R Deduction (\$40.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

## **B. Ms. Joan H. Lewis**

Mailing Address 6034 North 22nd Street

City Arlington State VA Zip Code 22205-3408

FEC ID number of contributing  
federal political committee.

C

Name of Employer

American Hospital Association-Washingt

Occupation

Regional Executive

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

420.00

Date of Receipt

10 / 31 / 2011

**Transaction ID : PR327831725588**

Amount of Each Receipt this Period

40.00

P/R Deduction (\$20.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

## **C. Mr. Robert J. Donovan**

Mailing Address One North Franklin Street

City Chicago State IL Zip Code 60606

FEC ID number of contributing  
federal political committee.

C

Name of Employer

American Hospital Association-Chicago

Occupation

Vice President, Meetings & Travel Serv

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

420.00

Date of Receipt

10 / 31 / 2011

**Transaction ID : PR327846225588**

Amount of Each Receipt this Period

40.00

P/R Deduction (\$20.00 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional)..... ►

160.00

**TOTAL** This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

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(check only one)

PAGE 140 OF 178

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**American Hospital Association PAC**

Full Name (Last, First, Middle Initial)

## **A. Ms. Ellen A. Pryga**

Mailing Address 2401 Calvert Street, NW  
Apt. 1008

City State Zip Code  
Washington DC 20008-2614

FEC ID number of contributing  
federal political committee.

C

Name of Employer

American Hospital Association-Washingt

Occupation

Director, Policy Development

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

420.00

Date of Receipt

10 / 31 / 2011

**Transaction ID : PR327851925588**

Amount of Each Receipt this Period

40.00

P/R Deduction (\$20.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

## **B. Mr. Mark Seklecki**

Mailing Address 325 Seventh Street, NW  
Suite 700

City State Zip Code  
Washington DC 20004-2818

FEC ID number of contributing  
federal political committee.

C

Name of Employer

American Hospital Association-Washingt

Occupation

Vice President, Political Affairs

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

840.00

Date of Receipt

10 / 31 / 2011

**Transaction ID : PR327858025588**

Amount of Each Receipt this Period

80.00

P/R Deduction (\$40.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

## **C. Mr. John F. Barry**

Mailing Address One North Franklin

City State Zip Code  
Millis MA 60606-3436

FEC ID number of contributing  
federal political committee.

C

Name of Employer

American Hospital Association-Chicago

Occupation

Regional Executive

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

840.00

Date of Receipt

10 / 31 / 2011

**Transaction ID : PR327877825588**

Amount of Each Receipt this Period

80.00

P/R Deduction (\$40.00 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

200.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 141 OF 178

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**American Hospital Association PAC**

Full Name (Last, First, Middle Initial)

## **A. Mr. George F. Bergstrom**

Mailing Address 130 North Garland Court  
#3002

City State Zip Code  
Chicago IL 60602-4750

FEC ID number of contributing  
federal political committee.

C

Name of Employer

American Hospital Association-Chicago

Occupation

Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

840.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 / 31 / 2011

**Transaction ID : PR327895725588**

Amount of Each Receipt this Period

80.00

P/R Deduction (\$40.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

## **B. Ms. Eileen M. Collins Offner**

Mailing Address 325 Seventh Street, NW  
Suite 700

City State Zip Code  
Washington DC 20004-2818

FEC ID number of contributing  
federal political committee.

C

Name of Employer

American Hospital Association-Washingt

Occupation

Director Policy Development

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

294.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 / 31 / 2011

**Transaction ID : PR327906125588**

Amount of Each Receipt this Period

28.00

P/R Deduction (\$14.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

## **C. Ms. Judy Williams**

Mailing Address One North Franklin Street

City State Zip Code  
Chicago IL 60606

FEC ID number of contributing  
federal political committee.

C

Name of Employer

American Hospital Association-Chicago

Occupation

Director Membership

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

294.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 / 31 / 2011

**Transaction ID : PR327918925588**

Amount of Each Receipt this Period

28.00

P/R Deduction (\$14.00 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

136.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 142 OF 178

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**American Hospital Association PAC**

Full Name (Last, First, Middle Initial)

**A. Mr. Richard J. Umbdenstock**

Mailing Address 325 Seventh Street, NW  
Suite 700

City Washington State DC Zip Code 20004-2818

FEC ID number of contributing  
federal political committee.

C

Name of Employer

American Hospital Association-Washingt

Occupation

President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

840.00

Date of Receipt

10 / 31 / 2011

**Transaction ID : PR328132825588**

Amount of Each Receipt this Period

80.00

P/R Deduction (\$40.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

**B. Ms. Barbara Lorsbach**

Mailing Address 204 7th Ave

City La Grange State IL Zip Code 60525-6406

FEC ID number of contributing  
federal political committee.

C

Name of Employer

American Hospital Association-Chicago

Occupation

Sr. Vice President, Member Relations

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

840.00

Date of Receipt

10 / 31 / 2011

**Transaction ID : PR328136925588**

Amount of Each Receipt this Period

80.00

P/R Deduction (\$40.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

**C. Ms. Lauren A. Barnett**

Mailing Address One North Franklin Street

City Chicago State IL Zip Code 60606

FEC ID number of contributing  
federal political committee.

C

Name of Employer

American Hospital Association-Chicago

Occupation

Executive Director, SHSMD

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

294.00

Date of Receipt

10 / 31 / 2011

**Transaction ID : PR328174925588**

Amount of Each Receipt this Period

28.00

P/R Deduction (\$14.00 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

188.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 143 OF 178  
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

**American Hospital Association PAC**

Full Name (Last, First, Middle Initial)

**A. Ms. Donna J. Melkonian**

Mailing Address 5545 North Wayne

City

Chicago

State

IL

Zip Code

60640-1318

FEC ID number of contributing  
federal political committee.

C

Name of Employer

American Hospital Association-Chicago

Occupation

Vice President

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

840.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		31		2011

**Transaction ID : PR328223825588**

Amount of Each Receipt this Period

80.00

P/R Deduction (\$40.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

**B. Mr. Ron O. Purcell**

Mailing Address 1093 N. Faldo Way

City

Eagle

State

ID

Zip Code

83616-5369

FEC ID number of contributing  
federal political committee.

C

Name of Employer

American Hospital Association-Chicago

Occupation

Regional Executive

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

420.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		31		2011

**Transaction ID : PR328241425588**

Amount of Each Receipt this Period

40.00

P/R Deduction (\$20.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

**C. Mr. Richard J. Pollack**

Mailing Address 3475 North Venice Street

City

Arlington

State

VA

Zip Code

22207-4446

FEC ID number of contributing  
federal political committee.

C

Name of Employer

American Hospital Association-Washingt

Occupation

Executive Vice President

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

840.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		31		2011

**Transaction ID : PR328260925588**

Amount of Each Receipt this Period

80.00

P/R Deduction (\$40.00 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional)..... ►

200.00

**TOTAL** This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
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(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**American Hospital Association PAC**

Full Name (Last, First, Middle Initial)

## **A. Ms. Carla L. Luggiero**

Mailing Address 325 Seventh Street, NW  
Suite 700

City Washington State DC Zip Code 20004-2818

FEC ID number of contributing  
federal political committee.

C

Name of Employer

American Hospital Association-Washingt

Occupation

Senior Associate Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

10 / 31 / 2011

**Transaction ID : PR328490125588**

Amount of Each Receipt this Period

20.00

P/R Deduction (\$10.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

## **B. Ms. Carolyn Forcina**

Mailing Address 200 Clover Hill Court

City Yardley State PA Zip Code 19067-5736

FEC ID number of contributing  
federal political committee.

C

Name of Employer

American Hospital Association-Chicago

Occupation

Regional Executive

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

840.00

Date of Receipt

10 / 31 / 2011

**Transaction ID : PR328511825588**

Amount of Each Receipt this Period

80.00

P/R Deduction (\$40.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

## **C. Ms. Alicia N. Mitchell**

Mailing Address 1501 N. Harrison Street

City Arlington State VA Zip Code 22205-2726

FEC ID number of contributing  
federal political committee.

C

Name of Employer

American Hospital Association-Washingt

Occupation

Senior Vice President, Communications

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

420.00

Date of Receipt

10 / 31 / 2011

**Transaction ID : PR328512025588**

Amount of Each Receipt this Period

40.00

P/R Deduction (\$20.00 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

140.00



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
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NAME OF COMMITTEE (In Full)

**American Hospital Association PAC**

Full Name (Last, First, Middle Initial)

## **A. Mr. George Arges**

Mailing Address One North Franklin St.

City State Zip Code  
 Chicago IL 60606

FEC ID number of contributing  
federal political committee.

C

Name of Employer

American Hospital Association-Chicago

Occupation

Senior Director, Health Data Managemen

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

420.00

Date of Receipt

10 / 31 / 2011

**Transaction ID : PR328641125588**

Amount of Each Receipt this Period

40.00

P/R Deduction (\$20.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

## **B. Mr. Anthony J. Burke**

Mailing Address One North Franklin Ave.

City State Zip Code  
 Chicago IL 60606

FEC ID number of contributing  
federal political committee.

C

Name of Employer

American Hospital Association-Chicago

Occupation

President & CEO, AHA Solutions, Inc. &

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

840.00

Date of Receipt

10 / 31 / 2011

**Transaction ID : PR328913325588**

Amount of Each Receipt this Period

80.00

P/R Deduction (\$40.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

## **C. Ms. Rebecca Chickey**

Mailing Address One North Franklin Street

City State Zip Code  
 Chicago IL 60606

FEC ID number of contributing  
federal political committee.

C

Name of Employer

American Hospital Association-Chicago

Occupation

SPSA Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

420.00

Date of Receipt

10 / 31 / 2011

**Transaction ID : PR329013425588**

Amount of Each Receipt this Period

40.00

P/R Deduction (\$20.00 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

160.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

**American Hospital Association PAC**

Full Name (Last, First, Middle Initial)

**A. Dr. John R. Combes**

Mailing Address One North Franklin

City

Chicago

State

IL

Zip Code

60606-3436

FEC ID number of contributing  
federal political committee.

C

Name of Employer

American Hospital Association-Chicago

Occupation

President & Chief Operating Officer, C

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

840.00

Date of Receipt

10 / 31 / 2011

**Transaction ID : PR329071325588**

Amount of Each Receipt this Period

80.00

P/R Deduction (\$40.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

**B. Ms. Robyn Cooke**

Mailing Address 325 Seventh Street, NW  
Suite 700

City

Washington

State

DC

Zip Code

20004-2818

FEC ID number of contributing  
federal political committee.

C

Name of Employer

American Hospital Association-Washingt

Occupation

Senior Associate Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

420.00

Date of Receipt

10 / 31 / 2011

**Transaction ID : PR329084425588**

Amount of Each Receipt this Period

40.00

P/R Deduction (\$20.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

**C. Mr. W. Thomas Deweese**

Mailing Address 500 Interstate Boulevard South

City

Nashville

State

TN

Zip Code

37210-4634

FEC ID number of contributing  
federal political committee.

C

Name of Employer

American Hospital Association-Chicago

Occupation

AHA Regional Executive

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

840.00

Date of Receipt

10 / 31 / 2011

**Transaction ID : PR329215725588**

Amount of Each Receipt this Period

80.00

P/R Deduction (\$40.00 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

200.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**American Hospital Association PAC**

Full Name (Last, First, Middle Initial)

**A. Mr. John Evans**

Mailing Address One North Franklin Street

City State Zip Code  
Chicago IL 60606

FEC ID number of contributing  
federal political committee.

C

Name of Employer

American Hospital Association-Chicago

Occupation

Senior Vice President & CFO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

294.00

Date of Receipt

10 / 31 / 2011

**Transaction ID : PR329342625588**

Amount of Each Receipt this Period

28.00

P/R Deduction (\$14.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

**B. Ms. Audrey L. Harris**

Mailing Address 1136 W. Farwell Ave.

City State Zip Code  
Chicago IL 60626-3861

FEC ID number of contributing  
federal political committee.

C

Name of Employer

American Hospital Association-Chicago

Occupation

Executive Director, ASDVS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

294.00

Date of Receipt

10 / 31 / 2011

**Transaction ID : PR329654225588**

Amount of Each Receipt this Period

28.00

P/R Deduction (\$14.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

**C. Ms. Patricia Meersman**

Mailing Address One North Franklin

City State Zip Code  
Chicago IL 60606-3436

FEC ID number of contributing  
federal political committee.

C

Name of Employer

American Hospital Association-Chicago

Occupation

Senior Director Member Relations

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

420.00

Date of Receipt

10 / 31 / 2011

**Transaction ID : PR330343325588**

Amount of Each Receipt this Period

40.00

P/R Deduction (\$20.00 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional)..... ►

96.00

**TOTAL** This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**American Hospital Association PAC**

Full Name (Last, First, Middle Initial)

**A. Mr. Thomas Misfeldt**

Mailing Address One North Franklin

City

Chicago

State

IL

Zip Code

60606-3436

FEC ID number of contributing  
federal political committee.

C

Name of Employer

American Hospital Association-Chicago

Occupation

Associate Regional Executive

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

420.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 / 31 / 2011

**Transaction ID : PR330411625588**

Amount of Each Receipt this Period

40.00

P/R Deduction (\$20.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

**B. Ms. Maureen D. Mudron**

Mailing Address 325 Seventh Street, NW  
Suite 700

City

Washington

State

DC

Zip Code

20004-2818

FEC ID number of contributing  
federal political committee.

C

Name of Employer

American Hospital Association-Washingt

Occupation

Deputy General Counsel

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

294.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 / 31 / 2011

**Transaction ID : PR330465225588**

Amount of Each Receipt this Period

28.00

P/R Deduction (\$14.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

**C. Mr. Paul N. Muraca**

Mailing Address 4960 138th Circle West

City

Apple Valley

State

MN

Zip Code

55124-9229

FEC ID number of contributing  
federal political committee.

C

Name of Employer

American Hospital Association-Chicago

Occupation

Regional Executive

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

840.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 / 31 / 2011

**Transaction ID : PR330475425588**

Amount of Each Receipt this Period

80.00

P/R Deduction (\$40.00 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

148.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**American Hospital Association PAC**

Full Name (Last, First, Middle Initial)

**A. Mr. Gene O'Dell**

Mailing Address One North Franklin

City

Chicago

State

IL

Zip Code

60606-3436

FEC ID number of contributing  
federal political committee.

C

Name of Employer

American Hospital Association-Chicago

Occupation

Vice President, Strategic Planning

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

420.00

Date of Receipt

10 / 31 / 2011

**Transaction ID : PR330547725588**

Amount of Each Receipt this Period

40.00

P/R Deduction (\$20.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

**B. Ms. Eileen O'Keefe**

Mailing Address 172 Atteridge

City

Lake Forest

State

IL

Zip Code

60045-1715

FEC ID number of contributing  
federal political committee.

C

Name of Employer

American Hospital Association-Chicago

Occupation

Vice President, Constituency Section

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

840.00

Date of Receipt

10 / 31 / 2011

**Transaction ID : PR330549225588**

Amount of Each Receipt this Period

80.00

P/R Deduction (\$40.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

**C. Mr. Anthony Spohn**

Mailing Address 3219 N. Oriole

City

Chicago

State

IL

Zip Code

60634-3232

FEC ID number of contributing  
federal political committee.

C

Name of Employer

American Hospital Association-Chicago

Occupation

Executive Director, Associate Membersh

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

420.00

Date of Receipt

10 / 31 / 2011

**Transaction ID : PR331098325588**

Amount of Each Receipt this Period

40.00

P/R Deduction (\$20.00 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

160.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
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Detailed Summary PageFOR LINE NUMBER: PAGE 150 OF 178  
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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

**American Hospital Association PAC**

Full Name (Last, First, Middle Initial)

**A. Ms. Debi H. Tucker Esq.**

Mailing Address 1101 N. Kentucky Street

City

Arlington

State

VA

Zip Code

22205-3515

FEC ID number of contributing  
federal political committee.

C

Name of Employer

American Hospital Association-Washingt

Occupation

Director, State Issues Forum

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

294.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		31		2011

**Transaction ID : PR331278825588**

Amount of Each Receipt this Period

28.00

P/R Deduction (\$14.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

**B. Ms. Darlene S. Vanderbush**

Mailing Address 26 West Glendale Ave.

City

Alexandria

State

VA

Zip Code

22301-2402

FEC ID number of contributing  
federal political committee.

C

Name of Employer

American Hospital Association-Washingt

Occupation

Director Advocacy and Public Policy Op

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

840.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		31		2011

**Transaction ID : PR331304225588**

Amount of Each Receipt this Period

80.00

P/R Deduction (\$40.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

**C. Ms. Jo Ann Webb**Mailing Address 325 Seventh Street, NW  
Suite 700

City

Washington

State

DC

Zip Code

20004-2818

FEC ID number of contributing  
federal political committee.

C

Name of Employer

American Hospital Association-Washingt

Occupation

Sr. Director Federal Relations &amp; Polic

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

294.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		31		2011

**Transaction ID : PR331379125588**

Amount of Each Receipt this Period

28.00

P/R Deduction (\$14.00 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional)..... ►

136.00

**TOTAL** This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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NAME OF COMMITTEE (In Full)

**American Hospital Association PAC**

Full Name (Last, First, Middle Initial)

## **A. Ms. Judy Weinsheimer**

Mailing Address 325 Seventh Street, NW  
Suite 700

City Washington State DC Zip Code 20004-2818

FEC ID number of contributing  
federal political committee.

C

Name of Employer

American Hospital Association-Washingt

Occupation

Senior Associate Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

294.00

Date of Receipt

10 / 31 / 2011

Transaction ID : PR331386925588

Amount of Each Receipt this Period

28.00

P/R Deduction (\$14.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

## **B. Mr. Dale Woodin**

Mailing Address 800 W. Central Road

City Arlington Heights State IL Zip Code 60005-2349

FEC ID number of contributing  
federal political committee.

C

Name of Employer

American Hospital Association-Chicago

Occupation

Executive Director, ASHE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

294.00

Date of Receipt

10 / 31 / 2011

Transaction ID : PR331481325588

Amount of Each Receipt this Period

28.00

P/R Deduction (\$14.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

## **C. Mr. Donald May**

Mailing Address 521 Great Falls St.

City Falls Church State VA Zip Code 22046-2613

FEC ID number of contributing  
federal political committee.

C

Name of Employer

American Hospital Association-Washingt

Occupation

Vice President, Policy

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

840.00

Date of Receipt

10 / 31 / 2011

Transaction ID : PR331533225588

Amount of Each Receipt this Period

80.00

P/R Deduction (\$40.00 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

136.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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for each category of the  
Detailed Summary Page

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**American Hospital Association PAC**

Full Name (Last, First, Middle Initial)

## **A. Ms. Elizabeth Summy**

Mailing Address One North Franklin

City

Chicago

State

IL

Zip Code

60606-3436

FEC ID number of contributing  
federal political committee.

C

Name of Employer

American Hospital Association-Chicago

Occupation

Vice President, PMG

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

840.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 / 31 / 2011

**Transaction ID : PR346168125588**

Amount of Each Receipt this Period

80.00

P/R Deduction (\$40.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

## **B. Ms. Megan Cundari**

Mailing Address 325 Seventh Street, NW  
Suite 700

City

Washington

State

DC

Zip Code

20004-2818

FEC ID number of contributing  
federal political committee.

C

Name of Employer

American Hospital Association-Washingt

Occupation

Senior Associate Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

834.56

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 / 31 / 2011

**Transaction ID : PR518031925588**

Amount of Each Receipt this Period

82.72

P/R Deduction (\$41.36 Bi-Weekly)

Full Name (Last, First, Middle Initial)

## **C. Ms. Laura M. Werner**

Mailing Address 325 Seventh Street, NW  
Suite 700

City

Washington

State

DC

Zip Code

20004-2818

FEC ID number of contributing  
federal political committee.

C

Name of Employer

American Hospital Association-Washingt

Occupation

Associate Director, Political Affairs

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

294.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 / 31 / 2011

**Transaction ID : PR560101525588**

Amount of Each Receipt this Period

28.00

P/R Deduction (\$14.00 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

190.72



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**American Hospital Association PAC**

Full Name (Last, First, Middle Initial)

**A. Mr. Carlos Jackson**

Mailing Address 325 Seventh Street, NW

City

Washington

State

DC

Zip Code

20004-2802

FEC ID number of contributing  
federal political committee.

C

Name of Employer

American Hospital Association-Washingt

Occupation

Associate Director, Federal Relations

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

420.00

Date of Receipt

10 / 31 / 2011

Transaction ID : PR566280925588

Amount of Each Receipt this Period

40.00

P/R Deduction (\$20.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

**B. Ms. Ashley B. Thompson**

Mailing Address 606 S. Royal St.

City

Alexandria

State

VA

Zip Code

22314-4142

FEC ID number of contributing  
federal political committee.

C

Name of Employer

American Hospital Association-Washingt

Occupation

Director, Policy

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

420.00

Date of Receipt

10 / 31 / 2011

Transaction ID : PR766023725588

Amount of Each Receipt this Period

40.00

P/R Deduction (\$20.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

**C. Ms. Rochelle M. Archuleta**

Mailing Address 325 Seventh Street, NW  
Suite 700

City

Washington

State

DC

Zip Code

20004-2818

FEC ID number of contributing  
federal political committee.

C

Name of Employer

American Hospital Association-Washingt

Occupation

Senior Associate Director Policy

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

294.00

Date of Receipt

10 / 31 / 2011

Transaction ID : PR801366325588

Amount of Each Receipt this Period

28.00

P/R Deduction (\$14.00 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

108.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**

 Use separate schedule(s)  
 for each category of the  
 Detailed Summary Page

 FOR LINE NUMBER:  
 (check only one)

PAGE 154 OF 178

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

**A. Ms. Lisa Kidder Hrobsky**
 Mailing Address 325 Seventh Street, NW  
 Suite 700

City	State	Zip Code
Washington	DC	20004-2818

FEC ID number of contributing federal political committee.

C

Name of Employer

American Hospital Association-Washingt

Occupation

Vice President, Legislative Affairs

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

420.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	31	/	2011

Transaction ID : PR876637225588

Amount of Each Receipt this Period

40.00

P/R Deduction (\$20.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

**B. Ms. Jennifer Armstrong Gay**

Mailing Address 10702 Benning Way

City	State	Zip Code
Spotsylvania	VA	22551-4670

FEC ID number of contributing federal political committee.

C

Name of Employer

American Hospital Association-Washingt

Occupation

Director Communication Strategies

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

294.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	31	/	2011

Transaction ID : PR928186525588

Amount of Each Receipt this Period

28.00

P/R Deduction (\$14.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

**C. Mr. David A. Strickland**

Mailing Address One N. Franklin Street

City	State	Zip Code
Chicago	IL	60606

FEC ID number of contributing federal political committee.

C

Name of Employer

American Hospital Association-Chicago

Occupation

Executive Director Quality Center

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

294.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	31	/	2011

Transaction ID : PR939603925588

Amount of Each Receipt this Period

28.00

P/R Deduction (\$14.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ►

96.00

TOTAL This Period (last page this line number only)..... ►

116833.09

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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☐ 11a ☐ 11b ☐ 11c ☒ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**American Hospital Association PAC**

Full Name (Last, First, Middle Initial)

## **A. Wisconsin Hospital Association Federal PAC**

Mailing Address 5510 Research Park Drive  
PO Box 259038

City Madison State WI Zip Code 53725-9038

FEC ID number of contributing  
federal political committee.

**C** C00422881

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5960.00

Date of Receipt

**10** / **11** / **2011**

**Transaction ID : 19452992**

Amount of Each Receipt this Period

390.00

Full Name (Last, First, Middle Initial)

## **B. AZHHA Political Action Committee (Federal)**

Mailing Address 2901 North Central Avenue  
Suite 900

City Phoenix State AZ Zip Code 85012

FEC ID number of contributing  
federal political committee.

**C** C00217687

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

12500.00

Date of Receipt

**10** / **31** / **2011**

**Transaction ID : 19496806**

Amount of Each Receipt this Period

5000.00

Full Name (Last, First, Middle Initial)

## **C.**

Mailing Address

City State Zip Code

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

**10** / **11** / **2011**

Amount of Each Receipt this Period

**SUBTOTAL** of Receipts This Page (optional)..... ►

5390.00

**TOTAL** This Period (last page this line number only)..... ►

5390.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 156 OF 178

☐ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☒ 17

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NAME OF COMMITTEE (In Full)

**American Hospital Association PAC**

Full Name (Last, First, Middle Initial)

## **A. TD Bank**

Mailing Address 901 Seventh Street, NW

City  
Washington

State Zip Code  
DC 20001

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1303.59

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 31 2011

**Transaction ID : 19506411**

Amount of Each Receipt this Period

234.57

Interest Earned

Full Name (Last, First, Middle Initial)

## **B.**

Mailing Address

City

State Zip Code

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

Full Name (Last, First, Middle Initial)

## **C.**

Mailing Address

City

State Zip Code

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

234.57

234.57

**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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☒ 21b    ☐ 22    ☐ 23    ☐ 24    ☐ 25    ☐ 26  
☐ 27    ☐ 28a    ☐ 28b    ☐ 28c    ☐ 29    ☐ 30b

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NAME OF COMMITTEE (In Full)

**American Hospital Association PAC**

Full Name (Last, First, Middle Initial)

**A. American Express**

Mailing Address Ste. 001

City Chicago      State IL      Zip Code 60679

Purpose of Disbursement  
Merchant Fees

001

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President  
State:      District:

Disbursement For:  
☐ Primary    ☐ General  
☐ Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
10 / 05 / 2011
**Transaction ID : 19506413**

Amount of Each Disbursement this Period

43.88

Merchant Fees

Full Name (Last, First, Middle Initial)

**B. Paymentech**Mailing Address 14221 Dallas Parkway  
Building Two

City Dallas      State TX      Zip Code 75254

Purpose of Disbursement  
Merchant Fees

001

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President  
State:      District:

Disbursement For:  
☐ Primary    ☐ General  
☐ Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
10 / 04 / 2011
**Transaction ID : 19506415**

Amount of Each Disbursement this Period

28.50

Merchant Fees

Full Name (Last, First, Middle Initial)

**C. Newtek Merchant Solutions**

Mailing Address 744 N 4th Street

City Milwaukee      State WI      Zip Code 53203

Purpose of Disbursement  
Merchant Fees

001

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President  
State:      District:

Disbursement For:  
☐ Primary    ☐ General  
☐ Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
10 / 03 / 2011
**Transaction ID : 19506416**

Amount of Each Disbursement this Period

127.35

Merchant Fees

**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

199.73

199.73

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**American Hospital Association PAC**

Full Name (Last, First, Middle Initial)

**A. Norm Dicks For Congress Committee**

Mailing Address PO Box 1663

City Tacoma	State WA	Zip Code 98401
----------------	-------------	-------------------

Purpose of Disbursement  
Contribution

011

Candidate Name

**Rep. Norman D. Dicks**Category/  
TypeOffice Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2012  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: WA District: 06

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
10		13		2011

**Transaction ID : 19454554**

Amount of Each Disbursement this Period

1000.00
---------

Contribution

Full Name (Last, First, Middle Initial)

**B. Lucille Roybal-Allard For Congress**

Mailing Address 6 E Street, Se

City Washington	State DC	Zip Code 20003
--------------------	-------------	-------------------

Purpose of Disbursement  
Contribution

011

Candidate Name

**Rep. Lucille Roybal-Allard**Category/  
TypeOffice Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2012  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: CA District: 34

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
10		13		2011

**Transaction ID : 19454581**

Amount of Each Disbursement this Period

2500.00
---------

Contribution

Full Name (Last, First, Middle Initial)

**C. Friends Of Sherrod Brown**

Mailing Address PO Box 76187

City Washington	State DC	Zip Code 20013
--------------------	-------------	-------------------

Purpose of Disbursement  
Contribution

011

Candidate Name

**Sen. Sherrod Brown**Category/  
TypeOffice Sought: ☐ House  
☒ Senate  
☐ PresidentDisbursement For: 2012  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: OH District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
10		13		2011

**Transaction ID : 19454584**

Amount of Each Disbursement this Period

2000.00
---------

Contribution

**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

5500.00

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**American Hospital Association PAC**

Full Name (Last, First, Middle Initial)

**A. Team Graham**

Mailing Address PO Box 1801

City	State	Zip Code
Columbia	SC	29202

Purpose of Disbursement  
2014 Contribution

011

Candidate Name

**Sen. Lindsey O. Graham**Category/  
TypeOffice Sought: ☐ House  
☒ Senate  
☐ PresidentDisbursement For: 2014  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: SC District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
10		13		2011

**Transaction ID : 19454586**

Amount of Each Disbursement this Period

1000.00
---------

2014 Contribution

Full Name (Last, First, Middle Initial)

**B. Tom Reed For Congress**

Mailing Address 99 W 1st Street

City	State	Zip Code
Corning	NY	14830

Purpose of Disbursement  
Contribution

011

Candidate Name

**Rep. Thomas Reed**Category/  
TypeOffice Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2012  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: NY District: 29

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
10		13		2011

**Transaction ID : 19454593**

Amount of Each Disbursement this Period

500.00
--------

Contribution

Full Name (Last, First, Middle Initial)

**C. Stephen F. Lynch For Congress Committee**

Mailing Address 105 Farragut Road

City	State	Zip Code
South Boston	MA	02127

Purpose of Disbursement  
Contribution

011

Candidate Name

**Rep. Stephen F. Lynch**Category/  
TypeOffice Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2012  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: MA District: 09

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
10		10		2011

**Transaction ID : 19454613**

Amount of Each Disbursement this Period

1000.00
---------

Contribution

**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

2500.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**American Hospital Association PAC**

Full Name (Last, First, Middle Initial)

**A. Kind For Congress Committee**Mailing Address 205 5th Avenue South  
Suite 428

City La Crosse State WI Zip Code 54601

Purpose of Disbursement  
Contribution

Candidate Name

**Rep. Ron Kind**Office Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2012  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: WI District: 03

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
10		10		2011

**Transaction ID : 19454623**

Amount of Each Disbursement this Period

1000.00
---------

Contribution

Full Name (Last, First, Middle Initial)

**B. Rodney Alexander For Congress Inc.**

Mailing Address 319 Nancy'S Road

City Quitman State LA Zip Code 71268

Purpose of Disbursement  
Contribution

Candidate Name

**Rep. Rodney Alexander**Office Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2012  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: LA District: 05

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
10		05		2011

**Transaction ID : 19454625**

Amount of Each Disbursement this Period

1000.00
---------

Contribution

Full Name (Last, First, Middle Initial)

**C. Searchlight Leadership Fund**Mailing Address 700 Thirteenth Street, NW  
Suite 600

City Washington State DC Zip Code 20005

Purpose of Disbursement  
2011 Contribution

Candidate Name

**Searchlight Leadership Fund**Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
10		05		2011

**Transaction ID : 19454639**

Amount of Each Disbursement this Period

2500.00
---------

2011 Contribution

**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

4500.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**American Hospital Association PAC**

Full Name (Last, First, Middle Initial)

**A. Jeff Duncan For Congress**

Mailing Address PO Box 732

City	State	Zip Code
Clinton	SC	29325

Purpose of Disbursement  
Contribution

Candidate Name

**Rep. Jeff Duncan**Office Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2012  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: SC District: 03

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
10		10		2011

**Transaction ID : 19454658**

Amount of Each Disbursement this Period

1000.00
---------

Contribution

Full Name (Last, First, Middle Initial)

**B. Committee for a Livable Future**Mailing Address 921 SW Washington Street  
Suite 470

City	State	Zip Code
Portland	OR	97205

Purpose of Disbursement  
2011 Contribution

Candidate Name

**Committee for a Livable Future**Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
10		10		2011

**Transaction ID : 19454730**

Amount of Each Disbursement this Period

1000.00
---------

2011 Contribution

Full Name (Last, First, Middle Initial)

**C. PENN PAC**

Mailing Address PO Box 26366

City	State	Zip Code
Alexandria	VA	22313

Purpose of Disbursement  
2011 Contribution

Candidate Name

**PENN PAC**Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
10		13		2011

**Transaction ID : 19454756**

Amount of Each Disbursement this Period

1000.00
---------

2011 Contribution

**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

3000.00
---------

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**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**American Hospital Association PAC**

Full Name (Last, First, Middle Initial)

**A. Michael Burgess For Congress**

Mailing Address PO Box 2334

City	State	Zip Code
Denton	TX	76202

Purpose of Disbursement  
Contribution

011

Candidate Name

**Rep. Michael C. Burgess M.D.**Category/  
TypeOffice Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2012  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: TX District: 26

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
10		10		2011

**Transaction ID : 19454758**

Amount of Each Disbursement this Period

1000.00
---------

Contribution

Full Name (Last, First, Middle Initial)

**B. Brady For Congress**

Mailing Address P.O. Box 8277

City	State	Zip Code
The Woodlands	TX	77387

Purpose of Disbursement  
Contribution

011

Candidate Name

**Rep. Kevin Patrick Brady**Category/  
TypeOffice Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2012  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: TX District: 08

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
10		10		2011

**Transaction ID : 19454764**

Amount of Each Disbursement this Period

1000.00
---------

Contribution

Full Name (Last, First, Middle Initial)

**C. Lee Terry For Congress**

Mailing Address PO Box 540098

City	State	Zip Code
Omaha	NE	68154

Purpose of Disbursement  
Contribution

011

Candidate Name

**Rep. Lee Terry**Category/  
TypeOffice Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2012  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: NE District: 02

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
10		13		2011

**Transaction ID : 19454771**

Amount of Each Disbursement this Period

1000.00
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Contribution

**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

3000.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**American Hospital Association PAC**

Full Name (Last, First, Middle Initial)

**A. Latta For Congress**

Mailing Address P.O. Box 106

City	State	Zip Code
Bowling Green	OH	43402

Purpose of Disbursement  
Contribution

Candidate Name

**Rep. Robert Latta**Office Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2012  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: OH District: 05

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
10		13		2011

**Transaction ID : 19454779**

Amount of Each Disbursement this Period

1000.00
---------

Contribution

Full Name (Last, First, Middle Initial)

**B. Marsha Blackburn For Congress Inc.**

Mailing Address PO Box 682185

City	State	Zip Code
Franklin	TN	37068

Purpose of Disbursement  
Contribution

Candidate Name

**Rep. Marsha Blackburn**Office Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2012  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: TN District: 07

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
10		13		2011

**Transaction ID : 19454786**

Amount of Each Disbursement this Period

1000.00
---------

Contribution

Full Name (Last, First, Middle Initial)

**C. Next Century Fund**

Mailing Address 116 South Royal Street

City	State	Zip Code
Alexandria	VA	22314

Purpose of Disbursement  
2011 Contribution

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
10		18		2011

**Transaction ID : 19459185**

Amount of Each Disbursement this Period

1000.00
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2011 Contribution

**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

3000.00
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**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
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(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**American Hospital Association PAC**

Full Name (Last, First, Middle Initial)

**A. Brettpac**

Mailing Address PO Box 9639

City	State	Zip Code
Bowling Green	KY	42102

Purpose of Disbursement  
2011 Contribution

011

Candidate Name

**Brettpac**

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
10		18		2011

**Transaction ID : 19459186**

Amount of Each Disbursement this Period

1000.00
---------

2011 Contribution

Full Name (Last, First, Middle Initial)

**B. Jobs, Opportunity & Education, PAC (JOEPAC)**

Mailing Address 84-54 Grand Avenue

City	State	Zip Code
Elmhurst	NY	11373

Purpose of Disbursement  
2011 Contribution

011

Candidate Name

**Jobs, Opportunity & Education, PAC (JOEPAC)**

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
10		18		2011

**Transaction ID : 19459187**

Amount of Each Disbursement this Period

2500.00
---------

2011 Contribution

Full Name (Last, First, Middle Initial)

**C. Friends Of Jim Clyburn**

Mailing Address PO Box 12567

City	State	Zip Code
Columbia	SC	29211

Purpose of Disbursement  
Contribution

011

Candidate Name

**Rep. James E. Clyburn**

Office Sought:

☒ House  
☐ Senate  
☐ President

Disbursement For: 2012

☒ Primary ☐ General  
☐ Other (specify) ▼

State: SC

District: 06

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
10		13		2011

**Transaction ID : 19459188**

Amount of Each Disbursement this Period

1000.00
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Contribution

**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

4500.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**American Hospital Association PAC**

Full Name (Last, First, Middle Initial)

**A. Bill Cassidy For Congress**Mailing Address 8550 United Plaza Blvd.  
Suite 1001City State Zip Code  
Baton Rouge LA 70809Purpose of Disbursement  
Contribution

Candidate Name

**Rep. William Cassidy MD**Office Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2012  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: LA District: 06

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
10		25		2011

**Transaction ID : 19466693**

Amount of Each Disbursement this Period

1000.00
---------

Contribution

Full Name (Last, First, Middle Initial)

**B. Steve Cohen For Congress**

Mailing Address 349 Kenilworth Place

City State Zip Code  
Memphis TN 38112Purpose of Disbursement  
Contribution

Candidate Name

**Rep. Stephen Ira Cohen**Office Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2012  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: TN District: 09

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
10		25		2011

**Transaction ID : 19466694**

Amount of Each Disbursement this Period

1000.00
---------

Contribution

Full Name (Last, First, Middle Initial)

**C. Davis For Congress/Friends Of Davis**

Mailing Address 5956 W. Race Avenue

City State Zip Code  
Chicago IL 60644Purpose of Disbursement  
Contribution

Candidate Name

**Rep. Danny K. Davis**Office Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2012  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: IL District: 07

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
10		25		2011

**Transaction ID : 19466695**

Amount of Each Disbursement this Period

1000.00
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Contribution

**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

3000.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**American Hospital Association PAC**

Full Name (Last, First, Middle Initial)

**A. A Whole Lot Of People For Grijalva Congressional C**

Mailing Address PO Box 1242

City Tucson	State AZ	Zip Code 85702
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Purpose of Disbursement  
Contribution

Candidate Name

**Rep. Raul M. Grijalva**Office Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2012  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: AZ District: 07

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
10		25		2011

**Transaction ID : 19467300**

Amount of Each Disbursement this Period

1000.00
---------

Contribution

Full Name (Last, First, Middle Initial)

**B. Friends Of Nan Hayworth**

Mailing Address 51 Gleneida Avenue

City Carmel	State NY	Zip Code 10512
----------------	-------------	-------------------

Purpose of Disbursement  
Contribution

Candidate Name

**Rep. Nan Hayworth**Office Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2012  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: NY District: 19

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
10		25		2011

**Transaction ID : 19467332**

Amount of Each Disbursement this Period

1000.00
---------

Contribution

Full Name (Last, First, Middle Initial)

**C. Friends Of Joe Heck**

Mailing Address PO Box 750114

City Las Vegas	State NV	Zip Code 89136
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Purpose of Disbursement  
Contribution

Candidate Name

**Rep. Joe Heck**Office Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2012  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: NV District: 03

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
10		25		2011

**Transaction ID : 19467340**

Amount of Each Disbursement this Period

1000.00
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Contribution

**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

3000.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
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(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**American Hospital Association PAC**

Full Name (Last, First, Middle Initial)

**A. Steve Israel For Congress Committee**

Mailing Address PO Box 777

City Deer Park	State NY	Zip Code 11729
-------------------	-------------	-------------------

Purpose of Disbursement  
Contribution

Candidate Name

**Rep. Steve J. Israel**Office Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2012  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: NY District: 02

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
10		25		2011

**Transaction ID : 19467341**

Amount of Each Disbursement this Period

1000.00
---------

Contribution

Full Name (Last, First, Middle Initial)

**B. Jim Jordan For Congress**

Mailing Address 1709 State Route 560 South

City Urbana	State OH	Zip Code 43078
----------------	-------------	-------------------

Purpose of Disbursement  
Contribution

Candidate Name

**Rep. Jim Jordan**Office Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2012  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: OH District: 04

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
10		25		2011

**Transaction ID : 19467342**

Amount of Each Disbursement this Period

1000.00
---------

Contribution

Full Name (Last, First, Middle Initial)

**C. Blaine Luetkemeyer for Congress 2012**

Mailing Address P.O. BOX 25

City Holts Summit	State MO	Zip Code 65043
----------------------	-------------	-------------------

Purpose of Disbursement  
Contribution

Candidate Name

**Rep. Blaine Luetkemeyer**Office Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2012  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: MO District: 03

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
10		25		2011

**Transaction ID : 19467343**

Amount of Each Disbursement this Period

1000.00
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Contribution

**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

3000.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
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(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**American Hospital Association PAC**

Full Name (Last, First, Middle Initial)

**A. Nancy Pelosi For Congress**Mailing Address 700 Thirteenth Street, NW  
Suite 600

City Washington State DC Zip Code 20005

Purpose of Disbursement  
Contribution

Candidate Name

**Rep. Nancy Pelosi**Office Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2012  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: CA District: 08

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
10		25		2011

**Transaction ID : 19467396**

Amount of Each Disbursement this Period

2000.00
---------

Contribution

Full Name (Last, First, Middle Initial)

**B. Tom Reed For Congress**

Mailing Address 99 W 1st Street

City Corning State NY Zip Code 14830

Purpose of Disbursement  
Contribution

Candidate Name

**Rep. Thomas Reed**Office Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2012  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: NY District: 29

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
10		25		2011

**Transaction ID : 19467397**

Amount of Each Disbursement this Period

1000.00
---------

Contribution

Full Name (Last, First, Middle Initial)

**C. Ryan For Congress**

Mailing Address P. O. Box 1919

City Janesville State WI Zip Code 53547

Purpose of Disbursement  
Contribution

Candidate Name

**Rep. Paul D. Ryan**Office Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2012  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: WI District: 01

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
10		25		2011

**Transaction ID : 19467398**

Amount of Each Disbursement this Period

1000.00
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Contribution

**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

4000.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
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(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**American Hospital Association PAC**

Full Name (Last, First, Middle Initial)

**A. Terri Sewell For Congress**

Mailing Address P.O. Box 1964

City	State	Zip Code
Birmingham	AL	35201

Purpose of Disbursement  
Contribution

Candidate Name

**Rep. Terri Sewell**Office Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2012  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: AL District: 07

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
10		25		2011

**Transaction ID : 19467404**

Amount of Each Disbursement this Period

1000.00
---------

Contribution

Full Name (Last, First, Middle Initial)

**B. Simpson For Congress**

Mailing Address 1487 Parkway Drive

City	State	Zip Code
Blackfoot	ID	83221

Purpose of Disbursement  
Contribution

Candidate Name

**Rep. Michael K. Simpson**Office Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2012  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: ID District: 02

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
10		25		2011

**Transaction ID : 19467405**

Amount of Each Disbursement this Period

1000.00
---------

Contribution

Full Name (Last, First, Middle Initial)

**C. Friends Of Cliff Stearns**

Mailing Address PO Box 308

City	State	Zip Code
Silver Springs	FL	34489

Purpose of Disbursement  
Contribution

Candidate Name

**Rep. Clifford B. Stearns**Office Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2012  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: FL District: 06

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
10		25		2011

**Transaction ID : 19467406**

Amount of Each Disbursement this Period

1000.00
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Contribution

**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

3000.00
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**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
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(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**American Hospital Association PAC**

Full Name (Last, First, Middle Initial)

**A. Friends Of Glenn Thompson**

Mailing Address PO Box 1112

City	State	Zip Code
State College	PA	16804

Purpose of Disbursement  
Contribution

011

Candidate Name

**Rep. Glenn W. Thompson**Category/  
Type

Office Sought:	<input checked="" type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2012
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

State: PA District: 05

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
10		25		2011

**Transaction ID : 19467408**

Amount of Each Disbursement this Period

1000.00
---------

Contribution

Full Name (Last, First, Middle Initial)

**B. Walden For Congress**

Mailing Address PO Box 1091

City	State	Zip Code
Hood River	OR	97031

Purpose of Disbursement  
Contribution

011

Candidate Name

**Rep. Gregory P. Walden**Category/  
Type

Office Sought:	<input checked="" type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2012
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

State: OR District: 02

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
10		25		2011

**Transaction ID : 19467409**

Amount of Each Disbursement this Period

1000.00
---------

Contribution

Full Name (Last, First, Middle Initial)

**C. Daniel Webster for Congress**

Mailing Address 3400 Old Winter Garden Road

City	State	Zip Code
Orlando	FL	32805

Purpose of Disbursement  
Contribution

011

Candidate Name

**Rep. Daniel Webster**Category/  
Type

Office Sought:	<input checked="" type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2012
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

State: FL District: 08

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
10		25		2011

**Transaction ID : 19467412**

Amount of Each Disbursement this Period

1000.00
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Contribution

**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

3000.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
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(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**American Hospital Association PAC**

Full Name (Last, First, Middle Initial)

**A. Perlmutter For Congress**Mailing Address 3440 Youngfield Street  
#264

City Wheat Ridge State CO Zip Code 80033

Purpose of Disbursement  
Contribution

Candidate Name

**Rep. Edwin Perlmutter**Office Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2012  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: CO District: 07

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
10		25		2011

**Transaction ID : 19467419**

Amount of Each Disbursement this Period

1000.00
---------

Contribution

Full Name (Last, First, Middle Initial)

**B. Roskam For Congress Committee**

Mailing Address P. O. Box 713

City Wheaton State IL Zip Code 60187

Purpose of Disbursement  
Contribution

Candidate Name

**Rep. Peter Roskam**Office Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2012  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: IL District: 06

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
10		25		2011

**Transaction ID : 19467420**

Amount of Each Disbursement this Period

2000.00
---------

Contribution

Full Name (Last, First, Middle Initial)

**C. King For Congress**Mailing Address 116 N Main St.  
PO Box 400

City Early State IA Zip Code 50535

Purpose of Disbursement  
Contribution

Candidate Name

**Rep. Steve A. King**Office Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2012  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: IA District: 05

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
10		25		2011

**Transaction ID : 19467421**

Amount of Each Disbursement this Period

500.00
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Contribution

**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

3500.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**American Hospital Association PAC**

Full Name (Last, First, Middle Initial)

**A. Yoder For Congress**

Mailing Address PO Box 26742

City	State	Zip Code
Overland Park	KS	66225

Purpose of Disbursement  
Contribution

Candidate Name

**Rep. Kevin Yoder**Office Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2012  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: KS District: 03

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
10		25		2011

**Transaction ID : 19467426**

Amount of Each Disbursement this Period

1000.00
---------

Contribution

Full Name (Last, First, Middle Initial)

**B. Cantor For Congress**

Mailing Address P. O. Box 17813

City	State	Zip Code
Richmond	VA	23226

Purpose of Disbursement  
Contribution

Candidate Name

**Rep. Eric I. Cantor**Office Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2012  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: VA District: 07

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
10		25		2011

**Transaction ID : 19467427**

Amount of Each Disbursement this Period

1000.00
---------

Contribution

Full Name (Last, First, Middle Initial)

**C. JEB Fund (Jobs, Economy, Budget Fund)**Mailing Address 7315 Wisconsin Avenue  
Suite 310 East

City	State	Zip Code
Bethesda	MD	20814

Purpose of Disbursement  
2011 Contribution

Candidate Name

**JEB Fund (Jobs, Economy, Budget Fund)**Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
10		27		2011

**Transaction ID : 19468158**

Amount of Each Disbursement this Period

1000.00
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2011 Contribution

**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

3000.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**American Hospital Association PAC**

Full Name (Last, First, Middle Initial)

**A. Larson For Congress**

Mailing Address 109 Pitkin Street

City	State	Zip Code
East Hartford	CT	06108

Purpose of Disbursement  
Contribution

Candidate Name

**Rep. John B. Larson**Office Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2012  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: CT District: 01

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
10		27		2011

**Transaction ID : 19468199**

Amount of Each Disbursement this Period

1500.00
---------

Contribution

Full Name (Last, First, Middle Initial)

**B. Courtney For Congress**

Mailing Address 38 Risley Road

City	State	Zip Code
Vernon	CT	06066

Purpose of Disbursement  
Contribution

Candidate Name

**Rep. Joseph D. Courtney**Office Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2012  
☐ Primary ☐ General  
☒ Other (specify) ▼  
2012 Convention

State: CT District: 02

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
10		27		2011

**Transaction ID : 19468200**

Amount of Each Disbursement this Period

1000.00
---------

Contribution

Full Name (Last, First, Middle Initial)

**C. Enzi For Us Senate**

Mailing Address PO Box 2775

City	State	Zip Code
Cody	WY	82414

Purpose of Disbursement  
2014 Contribution

Candidate Name

**Sen. Michael B. Enzi**Office Sought: ☐ House  
☒ Senate  
☐ PresidentDisbursement For: 2012  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: WY District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
10		27		2011

**Transaction ID : 19468206**

Amount of Each Disbursement this Period

1500.00
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2014 Contribution

**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

4000.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
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(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**American Hospital Association PAC**

Full Name (Last, First, Middle Initial)

**A. Michael Grimm for Congress**

Mailing Address 560 - 9th Street

City Brooklyn	State NY	Zip Code 11215
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Purpose of Disbursement  
Contribution

Candidate Name

**Rep. Michael Grimm**Office Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2012  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: NY District: 13

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
10		27		2011

**Transaction ID : 19468225**

Amount of Each Disbursement this Period

1000.00
---------

Contribution

Full Name (Last, First, Middle Initial)

**B. Friends Of Joe Pitts**

Mailing Address PO Box 775

City Unionville	State PA	Zip Code 19375
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Purpose of Disbursement  
Contribution

Candidate Name

**Rep. Joseph R. Pitts**Office Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2012  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: PA District: 16

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
10		27		2011

**Transaction ID : 19468231**

Amount of Each Disbursement this Period

1000.00
---------

Contribution

Full Name (Last, First, Middle Initial)

**C. Lone Star Leadership PAC**Mailing Address 7315 Wisconsin Avenue  
Suite 310 East

City Bethesda	State MD	Zip Code 20814
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Purpose of Disbursement  
2011 Contribution

Candidate Name

**Lone Star Leadership PAC**Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
10		27		2011

**Transaction ID : 19468232**

Amount of Each Disbursement this Period

1000.00
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2011 Contribution

**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

3000.00
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**SCHEDULE B (FEC Form 3X)  
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(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**American Hospital Association PAC**

Full Name (Last, First, Middle Initial)

**A. Pallone For Congress**

Mailing Address PO Box 3176

City	State	Zip Code
Long Branch	NJ	07740

Purpose of Disbursement  
Contribution

Candidate Name

**Rep. Frank Pallone Jr.**Office Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2012  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: NJ District: 06

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
10		27		2011

**Transaction ID : 19468259**

Amount of Each Disbursement this Period

2000.00
---------

Contribution

Full Name (Last, First, Middle Initial)

**B. Richard E Neal For Congress Committee**

Mailing Address 76 Magnolia Terrace

City	State	Zip Code
Springfield	MA	01108

Purpose of Disbursement  
Contribution

Candidate Name

**Rep. Richard E. Neal**Office Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2012  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: MA District: 02

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
10		27		2011

**Transaction ID : 19468271**

Amount of Each Disbursement this Period

1000.00
---------

Contribution

Full Name (Last, First, Middle Initial)

**C. Guthrie For Congress**

Mailing Address PO Box 9639

City	State	Zip Code
Bowling Green	KY	42102

Purpose of Disbursement  
Contribution

Candidate Name

**Rep. Brett Guthrie**Office Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2012  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: KY District: 02

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
10		27		2011

**Transaction ID : 19468272**

Amount of Each Disbursement this Period

500.00
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Contribution

**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

3500.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
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(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**American Hospital Association PAC**

Full Name (Last, First, Middle Initial)

**A. Committee To Re-Elect Nydia M. Velazquez To Congre**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
10		05		2011

Mailing Address 315 Inspiration Lane

**Transaction ID : 19496843**

City	State	Zip Code
Gaithersburg	MD	20878

Amount of Each Disbursement this Period

Purpose of Disbursement  
Contribution

011

2000.00
---------

Candidate Name

**Rep. Nydia M. Velazquez**Category/  
Type

Office Sought:	<input checked="" type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2012

<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

Contribution

State: NY District: 12

Full Name (Last, First, Middle Initial)

**B. Sue Myrick For Congress**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
10		27		2011

Mailing Address P.O. Box 37091

**Transaction ID : 19496845**

City	State	Zip Code
Charlotte	NC	28237

Amount of Each Disbursement this Period

Purpose of Disbursement  
Contribution

011

1000.00
---------

Candidate Name

**Rep. Sue Wilkins Myrick**Category/  
Type

Office Sought:	<input checked="" type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2012

<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

Contribution

State: NC District: 09

Full Name (Last, First, Middle Initial)

**C. ERIC PAC-Every Republican is Crucial PAC**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
10		27		2011

Mailing Address 209 Pennsylvania Avenue SE

**Transaction ID : 19506412**

City	State	Zip Code
Washington	DC	20003

Amount of Each Disbursement this Period

Purpose of Disbursement  
Void of 06/11 Contribution

011

-1500.00
----------

Candidate Name

**ERIC PAC-Every Republican is Crucial PAC**Category/  
Type

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For:

<input type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

Void of 06/11 Contribution

State: District:

**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

1500.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
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(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**American Hospital Association PAC**

Full Name (Last, First, Middle Initial)

**A. CAMPAC: Continuing a Majority Party Action Cmte**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
10		31		2011

Mailing Address 5915 Eastman Avenue  
Suite 100

City Midland State MI Zip Code 48640

Purpose of Disbursement  
Void of 05/11 Contribution

011

**Transaction ID : 19509184**

Amount of Each Disbursement this Period

-5000.00

Candidate Name

**CAMPAC: Continuing a Majority Party Action Cmte**Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Void of 05/11 Contribution

Full Name (Last, First, Middle Initial)

**B. Dave Camp For Congress**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
10		31		2011

Mailing Address 5915 Eastman Avenue  
Suite 100

City Midland State MI Zip Code 48640

Purpose of Disbursement  
Void of 05/11 Contribution

011

**Transaction ID : 19509186**

Amount of Each Disbursement this Period

-5000.00

Candidate Name

**Rep. David Lee Camp**Category/  
TypeOffice Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2012  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: MI District: 04

Void of 05/11 Contribution

Full Name (Last, First, Middle Initial)

**C. Friends Of Joe Heck**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
10		27		2011

Mailing Address PO Box 750114

City Las Vegas State NV Zip Code 89136

Purpose of Disbursement  
Void of 07/11 Contribution

011

**Transaction ID : 19523828**

Amount of Each Disbursement this Period

-1000.00

Candidate Name

**Rep. Joe Heck**Category/  
TypeOffice Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2012  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: NV District: 03

Void of 07/11 Contribution

**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

-11000.00

56500.00